Capacity/Title: Owner

(see instruction #8 on back of form)

CERTIFICATE OF	
ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned on submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.	
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.	
Please type or print legibly.	re filing.
NOTE: See instructions on reverse before filing.	
OAHO"E	
The assumed business name which the unbestimess is:	dersigned use(s) in the transaction of
Tiny Hinnies Da	yeare
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name	
<u>Name</u>	Complete Address
Rebecca Brooks	615 E 6th St. Suite A
	Post Falls Id 83854
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
115 5 of the contract	Basement West
613 E 6 St 30:15 F	PO Box 83720 Boise ID 83720-0080
Post Falls Id 83854	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Phone number (optional):	
	Secretary of State use only
	Ş
Signature: Rule But	1DANO SECRETARY OF STATE 10077
Printed Name: Rebecca Brooks	IDANO SECRETARY OF STATE 9/08/2003 05:00 CK: 1217 CT: 158818 RM: 788398

CK: 1217 CT: 158010 BH: 700390 1 0 25.00 = 25.00 ASSUM MANE # 2

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