



CERTIFICATE OF ASSUMED BUSINESS NAME **FILED EFFECTIVE**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 SEP 29 AM 8:42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

RECEIVED
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Leone's Special Occasions

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Sheila Flower

Complete Address

620 S. Elder St. Nampa ID
83686

3. The general type of business transacted under the assumed business name is:



Retail Trade



Transportation and Public Utilities



Wholesale Trade



Construction



Services



Agriculture



Manufacturing



Mining



Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

Sheila Flower

620 S. Elder St.

Nampa ID 83686

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-465-7659

Secretary of State use only

Signature: Sheila Flower

(signature required)

Printed Name: Sheila Flower

Capacity/Title: owner

(see instruction # 8 on back of form)

g:\corp\form\stabin\form\stabin.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
09/29/2005 05:00
CK: 54311005469 CT: 150010 BH: 914198
1 @ 25.00 = 25.00 ASSUM NAME # 2

D92145