## FILED EFFECTIVE



Printed Name: Angela

Capacity/Title:

Corta

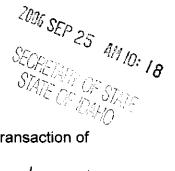
**Vartner** 

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



1. The assumed business name which the undersigned business is:	```
Scent of Color - Custom 1	iving tlower baskets
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  Angela Corta Lammy 373-  Sery Glaine Thomas	Complete Address
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  21310 Hwy 30 Caldwell ID 83607	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
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): <u>455 - 511 7</u>
	Secretary of State use only
signature: Angula Osfa Funney	10164013

IDAHO SECRETARY OF STATE 99/25/2006 05:00 CK: 2785 CT: 158010 BH: 976748 1 0 25.00 = 25.00 ASSUM NAME # 2