CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D 113518

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.

(see instruction # 8 on back of form)

BLUE CROWS ESTORY	BLUE GROUSE CREATIONS
2. The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing ne:
Name	Complete Address
DanieL A Stoklasa	PO Box 201
	Leadore Idaho 83464
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture	n and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Daniel A Stoklasa	Secretary of State 700 West Jefferson Basement West PO Box 83720
PO Box 201	Boise ID 83720-0080
Leadore Idaho 83464	208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	Phone number (optional): 208 768 2045
	Secretary of State use only
gnature: (signature required)	Sed understand of State IDAHO SECRETARY OF STATE O7/23/2007 05:00 CK: 512824662 CT: 158010 BH: 1960 1 9 25.86 = 25.66 OSSIN NOME
inted Name: Daniel A Stoklasa	IDANO SECRETARY OF STATE ### ### ### ### ### ################
apacity/Title: Owner	67/23/2007 05:00 CK: 512824662 CT: 158010 BH: 100 CK: 512824662 CT: 15824662 CT: 15824662 CT: 512824662 CT: 512824