



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.

FILED EFFECTIVE

08 FEB 13 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

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

Twin Stitchin'

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

Name

Complete Address

Tracie R. Munds

24467 Barbara Lane, Caldwell, ID 83607

Stacie M. Hildebrandt

14115 Raptor Lane, Caldwell, ID 83607

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Twin Stitchin'

24467 Barbara Lane

Caldwell, ID 83607

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Stacie Hildebrandt

14115 Raptor Lane

Caldwell, ID 83607

Signature:

Tracie Munds
(signature required)

Printed Name:

Tracie Munds

Capacity/Title:

Partner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\labn form\labn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
02/13/2008 05:00
CK: 6668 CT: 192358 BH: 1099364
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 119026