

Capacity/Title: On ner

(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.

09 MAY 15 PH 4: 18

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| business is: Art by EUE The true name(s) and business address(es) of the business under the assumed business name: | e entity or individual(s) doing | |
|--|---|---------------------------------------|
| Name - Ellen Robbins 3 | Complete Address 2 E State Avel Nevidian JO. 83 | 647 |
| . The general type of business transacted under the | e assumed business name is: | |
| Retail Trade | 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 | |
| Werdian ID: 83642 | (208) 334-2301 | |
| Name and address for this acknowledgment copy is (if other than # 4 above): | | |
| | Secretary of State use only | · · · · · · · · · · · · · · · · · · · |
| ted Name: Plan Robbins god ungstand god ungs | IDAHO SECRETORY | NF STATE |