

## 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.

03 MAY -9 PM 4: 23
SECRETARY OF STATE
STATE OF IDAHO

		- UAHO"
<ol> <li>The assumed business name which the un business is:</li> </ol>	dersign	ed use(s) in the transaction of
SCRAPBOOKING DE	put	
<ol> <li>The true name(s) and <u>business</u> address(es business under the assumed business name</li> </ol>	) of the	entity or individual(s) doing
Name	ic.	Complete Address
KIMBERLAY L. WILSON	20	5 HONEY MAMMA TO 831 87
RICHARD L. WILSON	70°	5 HONEY NAMA TO 8368
3. The general type of business transacted un	der the	assumed husiness
(78)		
Retail Trade Transportation	and Pu	blic Utilities
☐ Wholesale Trade ☐ Construction		
☐ Services ☐ Agriculture		Submit Certificate of
☐ Manufacturing ☐ Mining		Assumed Business
Finance, Insurance, and Real Estate		Name and \$25.00 fee to:
4. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson
_		Basement West
TOP 10 FUTIPLULT COUSULTING		PO Box 83720
ZO S HONEY		Boise ID 83720-0080
NAMPA ID 83687		208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	nt	Phone number (optional):
1,		
		Secretary of State use only
	122	
Signature: Nickard L. W.C.S.	g loorp/forms/abn.p65 Revised 04/2003	
(signature required)	formstabn form Revised 04/2003	
Printed Name: KI CHAND L. WILSON	rms/at/	IDAHO SECRETARY OF STATE 05/09/2003 05:00
Capacity/Title: <i>Ο</i> ρ	Karp (fo	CK: 1642 ET: 158010 BH: 679840 1 @ 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	6	

D 65325