

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

-08 02:20 From-	T-328 P 002/003 F-503
CERTIFICATE OF  ASSUMED BUSINESS N  Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin  Please type or print legibly.  NOTE: See Instructions on reverse before file.  1. The assumed business name which the underse business is:  DOLCE V	Illing.  SEURETARY OF STATE STATE OF IDAHO  signed use(s) in the transaction of
The true name(s) and business address(es) of business under the assumed business name:     Name     SHELLI LAZALDE	the entity or individual(s) doing  Complete Address  385 N 3500 E LEWISVILLE, ID 83431
3. The general type of business transacted under    Retail Trade	
4. The name and address to which future correspondence should be addressed:  SHELLI LAZALDE  P.O. BOX 272 LEWISVILLE, ID 83431	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):	
Signature: Signature (Adjusted)  Printed Name: SHELLI LAZALDE  Capacity/Title: OWNER	Secretary of State use only
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

08/07/2008 05:00 CK: 148757 CT: 172899 BH: 1138762 1 8 25.88 = 25.80 ASSUM NAME # 2

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