



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
02 JAN -7 AM 9:26
SECRETARY OF STATE
STATE OF IDAHO

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

DESERTGLOW CANDLES

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

Shellie Frey

P.O. Box 696

Castleford, ID 83321

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 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:

DESERTGLOW CANDLES

Shellie Frey

P.O. Box 696, Castleford, ID 83321

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-537-6762

Signature: _____

Printed Name: _____

Shellie Frey

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\slabn forms\slabn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
01/07/2002 05:00
CK: 217 CT: 155349 BH: 438284
1 @ 20.00 = 20.00 ASSUM NAME # 2

D50893