

CERTIFICATE OF ASSUMED BUSINESS NAME

227	FILEDIES
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed E Please type or print legibly. NOTE: See instructions on reverse before	Business Name.
The assumed business name which the undoposition business is: A Spectacular Imaa	
2. The true name(s) and business address(es business under the assumed business name Name Sheena L. Por Fer	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Shear Porter 9506 N BOACK ST	der the assumed business name is: and Public Utilities 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 acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
Signature: Shelou L. Porter Capacity/Title: Cuncr / operator	Secretary of State use only Secretary of State use only Decretary of State use only IDAHO SECRETARY OF STATE 1/06/2002 05:00

(see instruction # 8 on back of form)

11/06/2002 05:00 CK: 1727 CT: 158010 BH: 644667 1 0 20.00 = 20.00 ASSUM NAME # 2

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