227			
	CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly.	e undersigr isiness Nar	ned ne. 03 JAN 23 PH 1:01
NOTE: See instructions on reverse before filing. STATE OF IDAHO			
1. The assumed business name which the undersigned use(s) in the transaction of business is: WoodCrafters			
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> <u>Complete Address</u> <u>Kimberlee Flaherty</u> <u>Soo6 \$. Seminole Pl.</u> <u>Boise ID 83709</u>			
4. The na corres	eneral type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate ame and address to which future pondence should be addressed: <u>mber lee Flaherty</u>		
<u> </u>	ob S. Seminole P1: ise ID 83709 e and address for this acknowledgmen is (if other than #4 above):	L	208 334-2301 Phone number (optional): 308-484-9666
			Secretary of State use only
Printed Name Capacity/Title	e: <u>Kimberlee</u> Flaherty (signature required) e: <u>Kimberlee</u> Flaherty e: <u>OWNER</u> (see instruction #8 on back of form)	g borp torms labn forms labn. p65 Revised 09/2002	IDAHO SECRETARY OF STATE @1/23/2003 @5:200 CK: CASH CT: 158010 BH: 658589 1 0 20.00 = 20.00 ASSUM NAME # 2 D GM34