

Printed Name: 1\ \( \script{\cdot\} \)

Capacity/Title: ()|()|()|()|()

(see instruction # 8 on back of form)

## **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.

2003 MAR 24 AM 9: 40

Style Landy OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Namaste Beads 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 Kristi Brower 3. The general type of business transacted under the assumed business name is: X Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and \$20.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY is (if other than #4 above). Secretary PEGIJA Signature: //

IDAHO SECRETARY OF STATE 03/25/2003 05:00 CK: 6022 CT: 158010 BH: 678642 1 @ 20.00 = 20.00 ASSUM NAME # 2

1)63822