.e.

-

P.01/02	
---------	--

227				
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 bet				
 The assumed business name which the u business is: DREAM DANCE SHOES. 		d use(s) in the transaction of		
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>STANET BELL</u>	es) of the me: 9757 Post	Complete Address		
 3. The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future 	on and Pul	Submit Certificate of Son Submit Certificate of Son State		
Correspondence should be addressed: <u>JANET BELL</u> <u>9757 GEORGE LAINE</u> <u>POST FALLS, TD 8385</u> 5. Name and address for this acknowledgme		700 West Jefferson Sasement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):		
COPY IS (if other than # 4 above)!	211	(208) 777 - 04 6 4		
		Secretary of State use only		
Signature: <u>June Bell</u> (sepative required) Printed Name JANET BELL Capacity/Title: <u>DWNER</u> (see instruction #8 on back of form)	g, boo p Bowistelon, bernalebin pr65 Revised 64/2003	IDAHO SECRETARY OF STATE 03/25/2005 05:00 CK: 1014 CT: 158010 BH: 800784 1 0 25.00 = 25.00 ASSUN NAME # 2		
	n Maria di Angere Maria di Angere	D86023		