

(see instruction #8 on back of form)

CERTIFICATE OF **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned of submits for filing a certificate of Assimilation business Name.

02 APR 24 AH 9: 05

Please type or print legibly.

Sylven of the STATE

The assumed business name which the u business is:	
BOHEMIENNE CHOCOLATES	
The true name(s) and <u>business</u> address(e business under the assumed business nam Name GENEVIEVE K. PRAHASTO	
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: SAA	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledged copy is (if other than # 4 above). 	nent Phone number (optional): -(208) 558-9290
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE O5/03/2002 05:00 CK: 1881 CT: 158818 BH: 463462 28.88 ASSUM NAME # 2