

CERTIFICATE OF **ASSUMED BUSINESS NAME**

submits for filing a certificate of Assumed Business Name.

Pursuant to Section 53-504, Idaho Code, the undersigned

MAR 7 4 27 PM '01

FILED/CIPECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

NOTE: See instructions on reverse before	re filing.	SKAR Start	- 17 4
The assumed business name which the ur business is:	dersigned use(s) in t	he transaction of	F
Decor Accents			
The true name(s) and <u>business</u> address(es business under the assumed business name	e:	, ,	
<u>Name</u>		Complete Address	
Mechel Swallow	DIGOLD Bd Tolaho Ci	Box 219 ty ID 8.	363)
3. The general type of business transacted un	ider the assumed bu	siness name is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Assume	Certificate of ed Business and \$20.00 fee to:	
4. The name and address to which future correspondence should be addressed: P.O. Box 219 Idoho (ity ID 8363)	700 Wes Baseme PO Box	83720-0080	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone nu 39	umber (optional): 2-4) b/	
		cretary of State use only O SECRETARY OF STATE	у
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Signature: JJUCHLX NOSWALKON) to 20 1 2 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.08 = 20.08 ASSUM H	AME # 2
Printed Name: Mechel D Swallow	Ox: 1187 CX: 1187 1 0 28		
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