

Capacity/Title: ___

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.
Instructions are included on back of application.

2012 AUG -1 AM 8: 47

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the business is: Color blind Are	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address business under the assumed business of the property	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Clarblind Art 504 1/2 E 3rd St Moscow TD 83743	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
Signature: January Paris Error	Secretary of State use only
Printed Name: <u>Javelle Heitmann</u> Capacity/Title: <u>Sole Progrietor</u>	
Signature:	IDANO SECRETARY OF STATE
Printed Name:	CK: 1839 CT: 272899 BH: 1334280 1 9 25.90 = 25.90 RSSUM MANE # 2

abn.pmd Rev. 07/2010

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