

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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 before filing.

 The assumed business name which the under business is: 	ersigned use(s) in the transaction of
OX BOW ART	
The true name(s) and <u>business</u> address(es) of business under the assumed business name: <u>Name</u>	of the entity or individual(s) doing Complete Address
Gloria Kimball NEWEL KIMBALL	P.O. Box 112 - 950 So. 60 E. VICTOR, Jalaho 83455
3. The general type of business transacted und	er the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 208 - 787-2921
	Secretary of State use only $0.5-203$
Signature: Gloria Kemball	IDAHO SECRETARY OF STATE
Printed Name: Gloria KIMBALL	数
Capacity/Title: <u>G-Owner</u>	1 0 20.00 = 20.00 ASSUM NAME # 4