



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction business is:

Fantasy Walls

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
Betsy Leggett

Complete Address

4732 W. Moon Lake Dr., Meridian, ID 83642

3. The general type of business transacted under the assumed business name is (mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed Phone number (optional) _____

Betsy Leggett

4732 W. Moon Lake Dr.

Meridian, ID 83642

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State use only

Signature: Betsy Leggett

Printed Name: Betsy Leggett

Capacity: owner

(see instruction # 6 on back of form)

IDAHO SECRETARY OF STATE

03/24/2000 09:00
CK: 1359 CT: 128734 BH: 302320

1 @ 20.00 = 20.00 ASSUM NAME # 2

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FILED/EFFECTIVE

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SECRETARY OF STATE
STATE OF IDAHO