

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FINED/EFFECTIVE

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

(see instruction #8 on back of form)

The assumed business name which the unders business is: CAPRICCIO	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Judith E. Heraper P.O. E	he entity or individual(s) doing Complete Address Sox 67, Sandpoint ID 83864
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction	
	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Judith E. Heraper	PO Box 83720
Judith E. Heraper P.O. Box 67 Sandpoint ID 83864	
P.O. Box 67	PO Box 83720 Boise ID 83720-0080
P.O. Box 67 Sandpoint ID 83864 5. Name and address for this acknowledgment	PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):

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