



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

MAR 8 5 00 PM '01

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRET  
STATE

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

As You Wish Embroidery

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

Name

Complete Address

Melissa & Justin Jensen

1420 W. Blaine Nampa  
Id. 83651

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

1420 W. Blaine  
Nampa, Id. 83651  
Melissa & Justin Jensen

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

Phone number (optional):

Secretary of State use only  
IDAH0 SECRETARY OF STATE  
03/09/2001 09:00  
CK: 1786 CT: 143352 BH: 383692  
1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Melissa Jensen

Printed Name: Melissa Jensen

Capacity: Co Owner

(see instruction # 8 on back of form)

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Revised 01/2001

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