Printed Name! Nona

Capacity: <u>owner/ manage</u>

(see instruction # 8 on back of form)

## (Please type or print legibly. See instructions on reverse.) Of STATE, STATE OF IDAHO Idaho Code, the undersigned Disiness Name. CERTIFICATE OF ASSUMED BUSINESS I 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 transactio business is: Mrs. SEW. n. SEW'S Quilt Shop 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address HC 04 Box 130 St. Maries, ID 8386/ same as above 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_\_\_ correspondence should be addressed: Main AUE Space #1 Submit Certificate of Assumed Business Name and \$20.00 fee to: after May 15, 2000, please Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West -CODV is (if other than # 4 above). PO Box 83720 , Boise ID 83720-0080 208 334-2301 Secretary of State use only 19AHO SECRETARY OF STATE 04/03/2000 09:00 CK: 2 CT: 129216 BH: 305145 Signature: 1 8 20.08 = 28.08 ASSUM NAME # 2

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