## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2005 MAR 23 PM 4: 46

FILEU EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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

husiness is: Cracklebe	rry Boutique
2. The true name(s) and business address(est business under the assumed business name  Name  Steffen, Inc.  C159563	of the entity or Individual(s) doing ne: Complete Address 1820 E. 17th St., Ste. 340, Idaho Falls, Idaho 83404
3. The general type of business transacted un	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Steffen, Inc.  662 So. Adam Ln, Idaho Falls, Idaho 83401	Submit Certificate of Assumed Business Name and \$25.00 (see to:
5. Name and address for this acknowledge copy is (If other than # 4 above):	nent Phone number (optional):
Kent E. Whittington, Attorney P.O. Box 2780 Idaho Falls, Idaho 83404 ignature:	Secretary of State use only
Printed Name: Janet Steffen  Capacity/Title: President/Secretary/Treasuror  (see instruction # B on back of form)	IDAHO SECRETARY OF US/24/2005 CK: 500321 CT: 172099

CK: 500321 CT: 172099 BH: 800355 1 0 25.00 = 25.00 ASSUM MAME # 3

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