

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



IDAHO SECRETARY OF STATE
12/09/2005 05:00
CK: 4784 CT: 158010 BH: 926000
1 @ 25.00 = 25.00 ASSUM NAME # 2

94324

2005 DEC -9 AM 9:

business is: Cheerful Expr 2. The true name(s) and business address(es) of the	
	Complete Address 8 E Lake Creck evidian, ID 83642
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: ### Howman 678 F. Lake Creek St Meridian FD 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 890 /356
	Secretary of State use only
nted Name: Ashlee Newman	IDAHO SECRETARY OF STATE