

Signature: ___

Printed Name: Capacity/Title:

ASSUMED BUSINESS NAME LED EFFECTIVE Ursuant to Section 53-504. Idaho Code III CERTIFICATE OF

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 10 NOV 15 AM 8: 06

SECRET BY OF STATE STATE OF IDAHO

Please type or print legibly. instructions are included on back of application.

Homestead Quilting	
The true name(s) and <u>business</u> address business under the assumed business r <u>Name</u> Angela Beutow	s(es) of the entity or individual(s) doing name: <u>Complete Address</u> 2820 W. Wilder Street, Meridian, ID 83646
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat The name and address to which future correspondence should be addressed: Homestead Quilting 2820 W. Wilder Street Meridian, ID 83646	ion and Public Utilities on Submit Certificate of
Name and address for this acknowledgme copy is (if other than # 4 above).	

IDAHO SECRETARY OF STATE
11/15/2010 05:00
CK: 1439 CT: 158010 BH: 1247242
1 8 25.80 = 25.60 ASSUM NAME #-2

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