



# 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.**

## FILED EFFECTIVE

05 MAY -2 PM 1:35

SECRETARY OF STATE  
STATE OF IDAHO

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

RAZBERI BEADS

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

BILL RASMUSSEN

16630 NEW COLONY AVE

LAURA RASMUSSEN

CALDWELL

ID 83607

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 checked="" 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:

RAZBERI BEADS  
16630 NEW COLONY AVE  
CALDWELL ID 83607

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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):

453-1718

Secretary of State use only

Signature

Laura Rasmussen  
(signature required)

Printed Name:

LAURA RASMUSSEN

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
05/02/2005 05:00  
CK: 1339 CT: 150010 RH: 007921  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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