## PILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

08 JUL 14 AM 9: 10

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

the state of the s	O I IDANO
The assumed business name which the undersigned business is:      Family Tree Rug d	
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  Deanna Mc Clure 215  Fig.	Complete Address
3. The general type of business transacted under the a  X Retail Trade Transportation and Public Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Family Tree Rug Hooking  Go Deanna McClure  POBOX 145  Firth TD 83236  5. Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional): \$\frac{508-346-6}{716}\$
	Secretary of State use only
Signature: <u>Beanna Mc Clure</u> Printed Name: <u>Deanna Mc Clure</u> Canacity/Title: ALLINEK	IDAHO SECRETARY OF STATE 97/14/2008 05:90

(see instruction # 8 on back of form)

CK: 3092 CT: 158010 BH: 1126736 1 0 25.00 = 25.00 ASSUM NAME # 2

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