

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

**FILED EFFECTIVE**  
JAN 10 AM 8:38  
STATE OF IDAHO

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

Simple Pleasures

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Janet Hemminger McCutchen P.O. Box 1171 HC 11 Box 72E  
Kamiah ID 83536

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Retail Trade    | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                   | <input type="checkbox"/> Construction             | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): (208) 935-0949

Janet Hemminger McCutchen  
P.O. Box 1171  
Kamiah ID, 83536

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same as above

Submit Certificate of Assumed Business Name and \$20.00 fee to:  
  
Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Janet Hemminger McCutchen

Printed Name: Janet Hemminger McCutchen

Capacity: owner/sole proprietor

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

01/10/2001 09:00  
CX: 1355 CT: 140653 BH: 371997

1 @ 20.00 = 20.00 ASSUM NAME # 2

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