

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

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

2012 JUN 21 AM 8: 35 SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the usiness is: Styles By Conne	
The true name(s) and <u>business</u> address(a business under the assumed business name. Name	ame:
Conne L. Slewart	Complete Address 158 Pheasul Rd Sulmon Td 83467
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Sulman Jol 83 467	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
Signature: Course & Stewart	Secretary of State use only
Printed Name: CONVIE h. Stowart	
Capacity/Title: Owner/operator	TRAUM OFFICENCY OF CTATE
Signature:	IDAHO SECRETARY OF STATE 66/21/2012 05:00 CK: 1934 CT: 271643 BH: 1329179
Printed Name:	1 8 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	D156408