



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

JUL 15 AM 11:05

STATE OF IDAHO

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

CRAFTERS CHOICE BEADS & DOLLAR +

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

MARCIA FACKRELL

12 N. ORCHARD, BOISE, ID 83706

JERRY FACKRELL

12 N. ORCHARD, BOISE, ID 83706

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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input 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:

CRAFTERS CHOICE BEADS -- DOLLAR +
1129 S ROBINSON BLVD
NAMPA, ID 83687

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

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

Phone number (optional):

(208) 376-4911

Secretary of State use only

Signature: Marcia Fackrell

(signature required)

Printed Name: MARCIA FACKRELL

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\information\forms\abn.p65 Revised 09/2002

IDAHO SECRETARY OF STATE
01/16/2003 05:00
CK: 6810 CT: 150010 BH: 657250
1 @ 20.00 = 20.00 ASSUM NAME # 2

D6/521