



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

01/16/2003 05:00

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.

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

MARCI A FACKRELL

Complete Address

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	

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

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

CRAFTERS CHOICE BEADS -- DOLLAR +

1129 S ROBINSON BLVD

NAMPA, ID 83687

Phone number (optional):

(208) 376-4911

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

Secretary of State use only

Signature: Marcia Fackrell
(signature required)

Printed Name: MARCIA FACKRELL

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Form 100
Revised 09/2002

IDaho SECRETARY OF STATE
01/16/2003 05:00
CK: 6816 CT: 158018 BH: 657250
1 @ 20.00 = 20.00 ASSUM NAME # 2

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