

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE 2012 APR 18 PH 1: 57 SECRETARY OF STATE OF HIJAHO

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

1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Blue Ivory Handmade Je	wery	
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Stacie Kelly S7		
3.	The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		
4.	The name and address to which future correspondence should be addressed: Stacie Kelly S103 millwright Ave backur City Id 837/4	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only	
Signa	iture:		
Printe	ed Name: Stacie Kelly		
Capa	city/Title: Owner	IDANO SECRETARY OF STATE	
Signature:		04/18/2012 05:90 CK: CASH CT: 158016 BH: 1320423	
	ed Name:	1 @ 25.00 = 25.00 ASSUM NAME # 2	
Capa	city/Title:		

abn.pmd Rev. 07/2010

D154963