



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 **FILED**
 JUN 14 PM 2:32
 SECRETARY OF STATE
 STATE OF IDAHO
 gives notice of adoption of an Assumed Business Name.

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

Soap Sensations

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
<u>Shari Stokoe</u>	<u>320 East 1st North</u>
<u></u>	<u>Soda Springs ID</u>
<u></u>	<u>83276</u>

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

<input type="checkbox"/> Retail Trade	<input 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): _____

Shari Stokoe
Box 279
Soda Springs ID 83276

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

Signature: Shari Stokoe

Printed Name: Shari Stokoe

Capacity: Sole proprietor

(see instruction # 8 on back of form)

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
 IDAHO SECRETARY OF STATE

06/14/1999 09:00
 CX: 745 CT: 116003 BH: 225478

1 @ 20.00 = 20.00 ASSUM NAME # 2

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