



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.

2006 JUN -5 AM 8:57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

HARMONY YARN STUDIO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>MELODY A. DRAVES</u>	<u>1034 N. 3rd St. COEUR D'ALENE</u>
	<u>IDAHO, 83814</u>

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 \$25.00 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:

HARMONY YARN STUDIO
1034 N. 3rd St.
COEUR D'ALENE, ID
83814

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

423 N. 14th St
COEUR D'ALENE, ID
83814

Phone number (optional):

~~208 334 2301~~

Signature: Melody A. Draves
(signature required)

Printed Name: MELODY A. DRAVES

Capacity/Title: PROPRIETRESS

(see instruction # 8 on back of form)

Secretary of State use only

0100500

IDAHO SECRETARY OF STATE
06/05/2006 05:00
CK: 1836 CT: 158818 BH: 958866
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003