227	
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS N	
Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Busine	dersigned ess Name. 2008 JUN -5 All 8:57
<u>Please type or print legibly.</u> <u>NOTE: See instructions on reverse before fil</u>	ing. SECRETARY OF STATE
STATE OF ID/HO	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
HARMONY YARN STUDIO)
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 	
<u>Name</u>	Complete Address
MELODY A DRAVES 10	34 N. 3ª St. COUR DAVEN
	IDAHO, 83814
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3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed: HARMONY YARN STUDIO	700 West Jefferson
1034 N. 34 St.	Basement West PO Box 83720
COEVE d'AVENE, 1D	Boise ID 83720-0080
83814	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	108-
423 N. 141 St	
<u>COEVE d'ALENE, ID</u> 83814	Secretary of State use only
	D100520
Signature: <u>Melech</u> A wes (printed Name: <u>MELODY A MEAVES</u> Capacity/Title: <u>PROPRIET RESS</u>	
Printed Name: MELODY A DRAVES	IDAHU SECRETARY OF STATE 06/05/2006 05:00 0.K: 1036 01 12:00 02 00:00 03 00:00 04 05:00 05 00:00 05 00:00 05 00:00 05 00:00 05 00:00 05 00:00 05 00:00 05 00:00 05 00:00 05 00:00 06 00:00 06 00:00 06 00:00 07:00 00:00 08:00 00:00 09:00 00:00 09:00 00:00 09:00 00:00 09:00 00:00 09:00 00:00 09:00 00:00 09:00 00:00 09:00 00:00 09:00 00:00 00:00 00:00
Capacity/Title: PROPRIET RESS	
(see instruction # 8 on back of form)	

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