

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

2009 SEP -8 AM 11:20

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

The Leather Rose

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

Name

Complete Address

Barbara Ford-Anderson

309 W 15th Ave.

Post Falls, ID 83854

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 | |

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

Same as above

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

Barbara Ford-Anderson

Same as above

Signature:

Barbara Ford-Anderson
(signature required)

Printed Name:

Barbara Ford-Anderson

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
09/08/2009 05:00
CK: 388114 CT: 172099 BH: 1186188
1 @ 25.00 = 25.00 ASSUM NAME # 2

D133395

*** TOTAL PAGE.02 ***