



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**  
2006 MAY 30 AM 10:13

SECRETARY OF STATE  
STATE OF IDAHO

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

Hidden Treasures

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

Linda Riekana

HCR 85 Box 264 Bonners Ferry, ID 83805

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:

Linda Riekana

HCR 85 Box 264

Bonners Ferry, Idaho 83805

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

Phone number (optional):

208-267-2554

Secretary of State use only

DK0333

Signature: Linda Riekana  
(signature required)

Printed Name: LINDA RIEKENA

Capacity/Title: Owner/designer

(see instruction # 8 on back of form)

g:\comp\forms\slabn forms\slabn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
05/30/2006 05:00  
CK: 1093 CT: 158010 RN: 957111  
1 @ 25.00 = 25.00 ASSUM NAME # 2