



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.

Mar 30 24 PM '01

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:

Ceramic Expressions

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

BETH OLSON

2252 E. DICK CT

GARY OLSON

EAHOLE, Idaho 83616

CORIHN OLSON

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:

Ceramic Expressions

2252 E. DICKY CT.

EAHOLE, Id 83616

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

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

Phone number (optional):

208-939-0152

Signature: Beth A. Olson

Printed Name: Beth A. OLSON

Capacity: Owner

(see instruction # 8 on back of form)

9/2001 Form 500
Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE

04/02/2001 09:00
CK: 1823 CT: 144424 BH: 388262

1 @ 20.00 = 20.00 ASSUM NAME # 2

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