



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.

2005 JUN - 3 PM 8:53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Potions *n Lotions

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

Name

Kenna Cooper

Complete Address

330 S State

Preston, Id 83263

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:

Kenna Cooper

330 S State

Preston, Id 83263

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

Phone number (optional):

852-0334

Secretary of State use only

Signature: K. Cooper
(signature required)

Printed Name: KENNA COOPER

Capacity/Title: Sole Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/03/2005 05:00
CK: 400 CT: 150018 BH: 813973
1 @ 25.00 = 25.00 ASSUM NAME # 2

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