

Capacity/Title:____

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (1985) 1000

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

Please type or print legibly.

03 NOV 19 AM 11: 47

SECRETARY OF STATE STATE OF IDAHO

25.00 ASSUM NAME # 2

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: IJ Holiday, Sensual Essentials 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** Holiday, Sensual Essentials PO Box 83720 Boise ID 83720-0080 haven Dr -208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment 208-853-2390 CODV IS (if other than # 4 above): Secretary of State use only D70798 g.toorptformstabn formstabn.p65 11/19/2003 05:00 CK: CASH CT: 158010 BH: 712526 Printed Name: __Janea