

Printed Name:

Capacity/Title: 00-0 wners

(see instruction # 8 on back of form)

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 JAN 24 AM 8: 41

SEORETARY GESTATE STATE OF JOHLO

The assumed business name which the undersign business is: Star*Clockworks	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Jodi Ganir Susan Sword 1099	e entity or individual(s) doing Complete Address BW. Box Canyon St. Star ID8366 W. Box Canyon St. Star ID8366
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Susan Sword 11015 W. Box Canyon St. Star ID83669	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) 286-0132
Starto 83669	Secretary of State use only

Revised 04/2003

IDAHO SECRETARY OF STATE
01/24/2006 05:00
CK: 4019 CT: 196241 BH: 933751
1 0 25.00 = 25.00 ASSUM NAME # 2

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