

## 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.

2013 SEP 20 AM 9: 06

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

Art de Vine Gallery  2. The true name(s) and <u>business</u> addre business under the assumed business	ss(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Barbara Irvine	1506 Northwest Blvd
	PO BOX 1985
	CD'A ID 83814
Manufacturing Mining Finance, Insurance, and Real Es  4. The name and address to which future correspondence should be addressed: Barbara L Irvine  5168 E River Place Post Falls ID 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State use only
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apacity/Title: OWNED	
gnature:	
	IDAHO SECRETARY OF STATE
nted Name:	CK: 2539 CT: 287748 BH: 139829 1 # 25.00 = 25.00 ASSUM NAME #

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