Capacity/Title:

(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. 09 MAR -4 AM 8:03

FILED EFFECTIVE

SECOLIAN

business is:	7 Baskets
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Tracey Heintz, Dwner	complete Address 2107 Canyon DR. CAA, TD 83815
3. The general type of business transacted under the	
<ul> <li>Wholesale Trade</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
Tracey Heintz  ZIOT Canyon DR.  Coeurd Alene ID 83815	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
nature: Transl Heints	Secretary of State use only

25.00 ASSUM NAME # 2

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