



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED/EFFECTIVE**

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

JUL 31 11 50 AM '00

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

SECRETARY OF STATE  
STATE OF IDAHO

TOSCA'S GIFT GALLERY

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

Name

Complete Address

ROBERT D. LAJOCIES JR.

1831 E. CHALLIS DR. MERIDIAN, ID 83642

SUSAN LAJOCIES

1831 E. CHALLIS DR. MERIDIAN, ID 83642

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                   | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): \_\_\_\_\_

TOSCA'S GIFT GALLERY

PO BOX 146502

BOISE, ID 83714-0502

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: Robert D. LaJocies Jr.

Printed Name: ROBERT D. LAJOCIES JR.

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only

IDAHO SECRETARY OF STATE

07/31/2000 09:00  
CK: 3470 CT: 134165 DN: 337552

1 @ 20.00 = 20.00 ASSUM NAME # 2

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