

## 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. Instructions are included on back of application.

## FILED EFFECTIVE

10 JUL 28 AM 8: 28

SECRE BY OF STATE STATE OF IDAHO

business is:  The Black	Sheep Gallery
The true name(s) and <u>business</u> address(est business under the assumed business name     Name  Jamie McDowell	s) of the entity or individual(s) doing me: <u>Complete Address</u> 2743 Carriage Way, Twin Falls, ID 83301
3. The general type of business transacted u  Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     Jamie McDowell / The Black Sheep Gallery     830 Blue Lakes Blvd. N. Twin Falls, ID 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Somme Comme	Secretary of State use only
Printed Name: Jamie McDowell	
Capacity/Title: Owner / Operator	
Printed Name:	IDAHO SECRETARY OF STATE 07/28/2010 05:00 CK: 2209 CT: 96958 BH: 1232421 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	D141059