

## 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.

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SECRETARY OF STATE STATE OF IDAHO

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Nail ————————————————————————————————————	Art by Design		
The true name(s) and business address business under the assumed business r     Name     Stephanie Sommer	name:	entity or individual(s) doing  Complete Address 945 Carolyn Ln, Ammon ID, 83406	
3. The general type of business transacted  Retail Trade  Transporta  Wholesale Trade  Constructi	tion and Pul		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta  The name and address to which future correspondence should be addressed:  Stephanie Sommer	<del>)</del>	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
2945 Carolyn Ln	<del></del>	(208) 334-2301	
Ammon, ID 83408  5. Name and address for this acknowledge copy is (if other than # 4 above):	<del></del> ıment		
		Secretary of State use only	
nature: (signature required)  nted Names Stephanie Sommer	g/corpytoms/albn forms/albn.p66 Revieed 04/2003	IDAHO SECRETARY OF	STATE