CERTIFICATE			
		FILED EFFECT	
ASSUMED BUSINE Pursuant to Section 53-504, Idaho Co			
submits for filing a certificate of Assur			
Please type or print legib NOTE: See instructions on reverse	•		
NOTE. See instructions of reverse	before ming.	SECRETARY OF	
 The assumed business name which th business is: 	e undersigne	/STATE OF ID d use(s) in the transaction of	
	r's Custom Crea	tions	
 The true name(s) and business addres business under the assumed business 		entity or individual(s) doing	
••		Complete Address	
Chad Ruseler		2972 W. Hargrave Ave.	
		Post Falls, Idaho 83854	
3. The general type of business transacte	ed under the a	ssumed business name is:	
🗹 Retail Trade 🗌 Transport	ation and Put	olic Utilities	
Wholesale Trade Construct			
	re	Submit Certificate of	
Manufacturing Diming		Assumed Business	
Finance, Insurance, and Real Es	tate	Name and \$25.00 fee to:	
4. The name and address to which future		Secretary of State	
correspondence should be addressed:		700 West Jefferson	
Chad Ruseler		Basement West PO Box 83720	
2972 W. Hargrave Ave.		Boise ID 83720-0080	
Post Falls, Idaho 83854		208 334-2301	
 Name and address for this acknowled copy is (if other than # 4 above): 	gment	Phone number (optional):	
		Secretary of State use only	
	65		
nature: that D. Runde	g'corpt/formstabn formstabn.p65 Revised 04/2003		
(signature required)	n form:		
ted Name: <u>Chad D. Ruseler</u>	formstabn form		
acity/Title: Cane	Sorphfor Re	IDAHD SECRETARY OF STAT	
(see instruction # 8 on back of form)		04/28/2006 05 = CK: 1075 CT: 158010 BH: 9 1 0 25.00 = 25.00 ASSUM N	
		1 09321	