## **CERTIFICATE OF** ASSUMED BUSINESS NAMELED EFFECTIVE

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	<u>L</u>
1. The assumed business name which the undersign business is:	ed use(s) in the transaction of
PANDORAS BUX	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u>	entity or individual(s) doing <u>Complete Address</u>
KATHERINE VLASSEK POB	
1/1/10 to . Dia	254, HOT SPRINGS, AR71902
yvonne prown 1516	raleon Dr. Ldaho Falls,
	LD 83406
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	
	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Yvonne Brown	Basement West PO Box 83720
151/2 Falana Dr	Boise ID 83720-0080
IDAHOFALLS, 1D 83406	208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	Phone number (optional):
same as above	
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 01/11/2005 05:00 CK: NO CK # CT: 158810 BH: 786445 1 0 25.00 = 25.00 ASSUM MANE # 2
Capacity/Title: <u>OWNer manager</u>	D 8327U
(see instruction # 8 on back of form)	