D158698



9/21/2012

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE 2012 OCT 12 PM 2: 15

SECRETARY OF STATE OF IDAHO

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.

	The assumed business name which the und business is:	dersigned	I use(s) in the transaction of		
	All About You Designs				
	The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Georgia Suchocki	ie:	ntity or individual(s) doing <u>Complete Address</u> nes Road, Coeur d'Alene ID 83815		
3.	The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining				
4.	The name and address to which future correspondence should be addressed:  Georgia Suchocki  4418 Holmes Road  Coeur d'Alene ID 83815		Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	15	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt			
Signature: Horgia Suchocki			Secretary of State use only		
Printe	ed Name: Georgia Suchocki				
	city/Title: Owner/Designer				
	iture:		TRAUM MEMBETABY OF A	TATE	
Printed Name:			IDAHO SECRETARY OF STATE  10/12/2012 05:00  CK: 1163898 CT: 172899 BH: 1343533		
Capacity/Title:			1 0 25.00 = 25.00 ASSUM NAME # 2		

abn.pmd Rev. 07/2010