



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.

01 MAR -9 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SHADES of The West

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Laree Jones

Connie Overfield

1863 Middlefork Rd.

Garden Valley, ID 83622

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

75 Sky Ridge Dr.

Garden Valley,

ID 83622

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only
IDaho SECRETARY OF STATE

03/09/2001 09:00
CK: 2091 CT: 109617 BH: 383673

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Connie Overfield

Printed Name: Connie Overfield

Capacity: Partner

(see instruction # 8 on back of form)

g:\corp\forms\labn form\slabn.p65
Revised 01/2001

D43388