

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 MOV 28 AM 8: 57

SECRETARY OF STATE STATE OF IDAMO

Please type or print legibly. Instructions are included on back of application.

 The assumed business name which the business is: 	undersigned use(s) in the transaction of
Frogg	yDaysDesigns
The true name(s) and <u>business</u> address(business under the assumed business n <u>Name</u> Terri Tackett	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: FroggyDaysDesigns 821 Washington St. Grangeville ID 83530	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgn copy is (if other than # 4 above):	nent
Signature: Musike TV	Secretary of State use only
Printed Name: Terri Tackett	_
Capacity/Title: Owner	_
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	11/28/2011 05:00 CK: 5933 CT: 158010 BH: 1299441 - 1 8 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	- 1 - E3.00 - C3.00 H33UN WHILE # 2

abn.pmd Rev. 07/2010