



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.

08 NOV 21 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Row's Custom Quilting

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

Rowena Jones

10135 Round Valley Rd, Cascade
ID 83611

Don Jones

10135 Round Valley Rd, Cascade, ID 83611

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

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

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

Rowena Jones

10135 Round Valley Rd

CASCADE, ID 83611

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Rowena Jones
(signature required)

Printed Name: Rowena Jones

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/21/2008 05:00
CK: 2359 CT: 158010 BH: 1145476
1 @ 25.00 = 25.00 ASSUM NAME # 2

D126457



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 NOV 21 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

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

Little Belle Boutique

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

Stephanie Selissa Propp

1016 N. 30th Street.

Boise, ID 83702

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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Stephanie S. Propp

1016 N. 30th Street

Boise, ID 83702

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

Mikiel Anne Montrose

10734 W. Ripley St.

Boise, ID 83713

Secretary of State use only

Signature:

Mikiel Anne Montrose
(signature required)

Printed Name:

Mikiel Anne Montrose

Capacity/Title:

Manager

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/21/2008 05:00
CK: 4694 CT: 231647 BH: 1145478
1 @ 25.00 = 25.00 ASSUM NAME # 2

D126456