

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.

FILED EFFECTIVE
07 OCT 22 AM 9: 11
SECRETARY OF STATE
STATE OF IDAHO

The assumed business name which the unconstruction business is:	
Corner Post Qu	ilts etc.
2. The true name(s) and business address(es) business under the assumed business name Name Caryo Brown	of the entity or individual(s) doing ne: Complete Address 1060 Nicholson Rd Potlatch ID 83855
3. The general type of business transacted un	dor the good med business name in
~	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Caryn Brown 1060 Nicholson Rd Potlatch ID 83855	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	nt
	Secretary of State use only
nature:	IDAHO SECRETARY OF STATE 10/22/2007 05 = 0: CK: 1390 CT: 158010 BH: 10815. 1 0 25.00 = 25.00 ASSUM MARE

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