

## 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.

OT OCT 22 AM 9: 45
SECRETARY OF STATE
STATE OF IDAHO

D116131

NOTE. See instructions on reverse belon	e niing.
The assumed business name which the under	ersigned use(s) in the transaction of
business is: Dot Your	I's
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name  Name	e: Complete Address
Carrie Norton	311 N. River St. #3 (not mailing
	PO BOX 3927
<u>206.309.0008</u>	Hailey, ID G3333
3. The general type of business transacted und	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	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
	Secretary of State use only
nature: Passi Morton	IDAHO SECRETARY OF STATE  10/22/2007 05:00  CK: 1526 CT: 158016 BH: 168159:
nted Name: Carne Norton	IDAHO SECRETARY OF STATE
	IDAHO SECRETARY OF STATE 10/22/2007 05:00
cacity/Title: Owner (see instruction # 8 on back of form)	CK: 1528 CT: 158010 BH: 1881593
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