

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 FEB 28 AM 9: 02

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

SECRET - RY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is:  Sparkle Drops	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the obusiness under the assumed business name:  Name  Sandra Wilson  12	entity or individual(s) doing  Complete Address  Ollo W. Carlisle Bay  Star ID 83669
3. The general type of business transacted under the    X   Retail Trade	
4. The name and address to which future correspondence should be addressed:  12016 W. Carlisle Bay Star ID 83669	Secretary of State 450 North 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: Sandra Wilson	Secretary of State use only
Printed Name: Sandra Wilson Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE  02/28/2011 05:00  CK: 1325 CT: 158010 BH: 1261791 1 0 25.00 = 25.00 ASSUM NAME N 2
Capacity/Title:	

abn.pmd Rev. 07/2010

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