

FILED/EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

MAR 23 10:10:04
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Scentsatiables

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Melissa L. Crowe</u>	<u>4825 S. Ambush Ave.</u> <u>Boise, ID 83709</u>
<u>John D. Crowe</u>	

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Melissa L. Crowe
4825 S. Ambush Ave.
Boise, ID 83709

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
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: Melissa L. Crowe

Printed Name: Melissa L. Crowe

Capacity: Owner

(see instruction # 8 on back of form)

Revision 12/99
g:\compforms\slabn.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

01/23/2001 09:00
CK: 1029 CT: 141235 BH: 374337

1 @ 20.00 = 20.00 ASSUM NAME # 2

D-42020