Capacity/Title:\_

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 06 NOV 24 PM 2: 03

FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the under business is:  Home and Garden	Parsigned use(s) in the transaction of Work Designs
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  GayleneE Gibbs	· · · · · · · · · · · · · · · · · · ·
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Gaylene Gibbs   Sacret   Sacr	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Signature Fequired Signature Fequired Printed Name: Cappens E Gibbs	Secretary of State use only    Company   Compa