



# CERTIFICATE OF ASSUMED BUSINESS NAME

# FILED EFFECTIVE

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

2006 AUG 24 AM 8:41

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 undersigned use(s) in the transaction of business is:

CREATIVE DREAMER

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

Name	Complete Address
<u>Lynn (LYNNETTE) Self</u>	<u>HC 1 Box 240</u>
	<u>Naples, Id. 83847</u>

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Lynn Self  
HC 1 Box 240  
Naples, Id. 83847

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

5. Name and address for this acknowledgment copy is (if other than #4 above):

Phone number (optional):

208-267-4132

Signature: Lynn Self  
(Signature required)

Printed Name: Lynn Self

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDaho SECRETARY OF STATE  
08/24/2006 05:00  
CK: 2630 CT: 158010 BH: 971554  
1 B 25.00 = 25.00 ASSUM NAME # 2

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