



# 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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

02 FEB 29 AM 9:58

STATE OF IDAHO  
SECRETARY OF STATE

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

Wild rose Gifts

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

Name

Toni P. Kuttler

Complete Address

P.O. Box 335

Blackfoot, ID 83221

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input 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:

Wildrose Gifts

P.O. Box 335

Blackfoot, ID 83221

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

Phone number (optional):

208 785-9691

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

Signature: Toni P. Kuttler

Printed Name: Toni P. Kuttler

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

gtcorp/Forms/lns/lnsformstat.pas  
Revised 01/2001

IDAHO SECRETARY OF STATE  
04/30/2002 05:00  
LN: 5244 LT: 158810 BM: 462435  
JL: 00.00 = 00.00 ASSUM NAME # 2

DS/4/39