

Printed Name: Patricia

Capacity/Title: <u>Oいいと</u>R

(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. Please type or print legibly. Please type or print legibly.

## NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned business is:  Design a Memory	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Patricia A. Filius 109	Complete Address
3. The general type of business transacted under the  Retail Trade  Transportation and Pu	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  109 B College Ave. ##9  St. Maries, ID 83861	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) 245-1887
	Secretary of State use only
gnature: Patricis a. Filias 88	IDAHO SECRETARY OF STATE の5/27/2004 の5:00

IDAHO SECRETARY OF STATE 05/27/2004 05:00 CK: 88395 CT: 35417 BH: 747429 1 0 25.00 = 25.00 ASSUM NAME # 2

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