CERTIFICATE OF ASSUI	MED BUSINESSONAMES See instructions on reverse.
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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.	
 The assumed business name which the ur business is: 	
PARTY PONIES	AND YALS
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Mame KATHLEEN LAUENDER	SANDPOINT IN 83864
TRACY CANON	SANDPOINT IN 83864
The general type of business transacted up (mark only those that apply)	nder the assumed business name is:
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
correspondence should be addressed:	Phone number (optional): <u>208 265 560</u> チ
479580 N. Hwy 95 SANDPOINT Tolaho 8386	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Kallhildur Iran Conon	IDAHO SECRETARY OF STATE 96/94/2091 99:00 CK: 194 CT: 147283 BH: 400882
Printed Name:	1 0 20.00 = 20.00 ASSUM HAME # 2
Capacity: (see instruction # 8 on back of form)	045802
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