

Signature: Amu M

Printed Name: AMY M. WARD

(see instruction # 8 on back of form)

Capacity/Title: <u>owner</u>

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Nam**2005 HAR 29** AM 8: 49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE UF TUAHU

THUNDER MOUNTAIN CANDLES	
. The true name(s) and business address(es) of to business under the assumed business name: Name	he entity or individual(s) doing Complete Address
AMY M. WARD 1324	3 S. CHOLLA AVEKUNA, ID. 83634
The general type of business transacted under to the second secon	
Finance, Insurance, and Real Estate The name and address to which future	Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: _AMY_M_WARD	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
13243 S. CHOLLA AVE. KUNA, ID. 83634	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): (208) 695-4925

IDAHO SECRETARY OF STATE 03/29/2005 05:00 CX: 1499 CT: 158010 BH: 881378 1 8 25.60 = 25.80 ASSUM NAME N 2

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