

FILED EFFECTIVE

CERTIFICATE UF

ASSUMED BUSINESS NAME NOV 10 AM 8: 28

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

Please type or print legibly.

STATE OF IDAHO Please type or print legibly.

Instructions are included on back of application.

	Elfers Cre	ek Candles	
	The true name(s) and <u>business</u> address(es business under the assumed business nan <u>Name</u> Raini M. Allen	ne: <u>(</u>	ty or individual(s) doing  Complete Address  Ranch Road Lucile, Idaho 83542
3.	The general type of business transacted until Retail Trade Transportation  Wholesale Trade Construction Services Agriculture Manufacturing Mining	and Public	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed:  Raini M. Allen  PO Box 325  Lucile, Idaho 83542		Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
_	ture: Paini Millen		Secretary of State use only
Capa Gigna	ed Name: Raini M. Allen  city/Title: Owner/ Operator  ture:  ed Name:		IDAHO SECRETARY OF STATE 11/10/2010 05:00 CK: 1650 CT: 158910 BH: 1246655 1 0 25.00 = 25.00 ASSUM NAME N