



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.

06 FEB -9 PM 2:49

SECRETARY OF STATE
STATE OF IDAHO

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

Alpaca Bella Fina

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

<u>Name</u>	<u>Complete Address</u>
<u>Tim Wagon</u>	<u>525 W. South Slope Rd. Emmett ID</u>
<u>Bella Wagon</u>	<u>" same as above "</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Alpaca Bella Fina.
525 W. South Slope Rd
Emmett ID 83617

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

Phone number (optional):

Secretary of State use only

Signature: [Handwritten Signature]
(signature required)

Printed Name: TIM WAGON

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\labn forms\labn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
02/09/2006 05:00
CK: CASH CT: 150010 BH: 937043
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 96382