CERTIFICATE OF ASSUMED BUSINESS NAME

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

2009 OCT 14 AM 11: 21 SECRETARY OF STATE STATE OF IDAHO Please type or print legibly.

NOTE: See instructions on reverse before filling.

Dusiness is:			
All Occasion Ca	terino		
The true name(s) and business address(e business under the assumed business na Name	es) of the me:	entity or Individual(s) doing Complete Address	
Christma L. Thomason	70	· i	
Timothy J. Thomason		E Mail St. Craigne E Mail St Craigne 83	23.32.32.32.32.32.32.32.32.32.32.32.32.3
3. The general type of business transacted u	inder the	assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction We Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Christina L. Thomasu DBA Art Occusion Coloring TOBE MAIN ST. CRAIG	s23	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	
above		Secretary of State use only	•
Signature: Christina Shomasan Printed Name: Christina Thomason Capacity/Title: Owner (see instruction # 8 on back of form)	g'trangitionerteith formeleith afti	IDAHO SECRETARY 19/14/2009 CK: 322127 CT: 17209 1 8 25.80 = 25.80	OF STATE 95:00 94: 1191849 ASSUM MANE # 2

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