

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 25 & 8: 52

Please type or print legibly.

NOTE: See instructions on reverse before filing to STATE.

(see instruction # 8 on back of form)

	STATE OF ICAYO
 The assumed business name which the undersign 	ned use(s) in the transaction of
business is: HOME EXPRESSIONS	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u>	
(Inrie Beard 14)	Complete Address
Home Expressions	1 3737E Rigby 10 83442
3. The general type of business transacted under the	
Retail Trade Transportation and F	Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Home Expressions Chrie Beard 14N 3737E RIADY ID 83442	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	208-520-4611
Home Expressions Carie, Beard	Secretary of State use only
14N 3737E RIOBU ID 83442-	ocoromy or other day only
Signature: MMC DAGA	DK4953
Printed Name: CAVIC PROVA	IDAHO SECRETARY OF STATE 10/25/2006 05:00 CK: 2024 CT: 205819 BH: 987005
Capacity/Title: NWNLY	1 @ 25.00 = 25.00 ASSUM NAME # 2