



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

2004 FEB 17 AM 9:54

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Abacadabra Dooz It's Clean

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

Name	Complete Address
<u>Kiffanie Momerak</u>	<u>6215 N 17th St.</u>
	<u>Dalton Gardens, ID</u>
	<u>83815</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 checked="" type="checkbox"/> Services | <input 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 \$20.00 fee to:
~~25.00~~

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:

Kiffanie Momerak
6215 N 17th St.
Dalton Gardens, ID 83815

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

Phone number (optional):

208-659-4748

Signature: Kiffanie Momerak

Printed Name: Kiffanie Momerak

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

D73548

IDAHO SECRETARY OF STATE
02/26/2004 05:00
CK: 1811 CT: 158018 BH: 729531
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 12/2001