

Capacity/Title:__

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 OCT -4 P/1 3: 04 STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

	Marketing Success	
The true name(s) and business address(es) of business under the assumed business name: Name Melissa K. Fairbanks	of the entity or individual(s) doing : Complete Address P.O. Box 4048 Hailey, Idaho 83333-4048	
The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Marketing Success 418 North River Street #21B W. PO Box 4048 Hailey, Idaho 83333-4048		
Name and address for this acknowledgment	Phone number (optional): 208-788-9097	

IDAHO SECRETARY OF STATE

10/04/2004 05:00

CK: 640 CT: 158610 BH: 769462

1 0 25.80 = 25.80 ASSUM NAME # 2

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