Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS AME (Please type or print legibly) OF IDAHO. OF IDAHO. (Please type or print legibly) SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 1/9. gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: MANDEEZ TREASURES 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 320 S NEBRASKA PO BOX 934 Fruitland Id AMANDA I COOMBS 83619 SAME TASON B COOMBS 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Mining Services 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business MANDEEZ TREASURES Name and \$20.00 fee to: PO BOX 934 Secretary of State FRUITLAND, ID 83619 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 / CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301 KEYBANK PO BOX 385 Secretary of State use only IDAHO SECRETARY OF STATE FRUITLAND, ID 83619 U2/11/2000 09:00 CK: 824667486 CT: 5186 BH: 289398 Signature:\_\_ 1 8 20.00 = 20.00 ASSUM NAME # 2 Printed Name: Amonda 32980