



# 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.**

**FILED EFFECTIVE**  
2006 JUN 19 AM 9:07

SECRETARY OF STATE  
STATE OF IDAHO

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

Living On Memories LLC

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

Name

L.O.M. LLC

W 51799

Complete Address

P.O. Box 2427 McCall, Idaho 83638

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 type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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:

Brian Oakland

P.O. Box 2427 McCall, Idaho 83638

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

Phone number (optional):

1-208-630-4825

Signature: Brian Oakland

(signature required)

Printed Name: Brian Oakland

Capacity/Title: Manager

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\slabn form\slabn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE *[Signature]*  
06/19/2006 05:00  
CK: 1020 CT: 201465 BH: 960631  
1 @ 25.00 = 25.00 ASSUM NAME # 4

D100978