



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED/EFFECTIVE

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

2002 MAY -6 AM 10:43

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Mountain Touch

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>Tiffany Dabbs</u>	<u>PO Box 1044 200 Ball Rd. E. 83638</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	

4. The name and address to which future correspondence should be addressed:

T.S. Bank  
925 N. Second Street  
200 Ball Rd. E. 83638

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional): \_\_\_\_\_

Signature: Tiffany Dabbs

Printed Name: Tiffany Dabbs

Capacity: Owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE  
05/07/2002 05:00  
CK: 1001 CT: 160198 BH: 464009  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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