



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 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:

Psycho's SALVAGE

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

Name	Complete Address
<u>CARLENA MYERS</u>	<u>532 Hwy 95 WEISER, ID 83672</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Psycho's SALVAGE
532 Hwy 95
WEISER, IDAHO 83672

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

CARLENA MYERS
P.O. Box 489
WEISER, IDAHO 83672

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

Secretary of State use only

064514

IDAHO SECRETARY OF STATE
04/18/2003 05:00
CK: CASH CT: 158010 BH: 675585
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Carlena Myers

Printed Name: CARLENA MYERS

Capacity: OWNER

(see instruction # 8 on back of form)