



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
03 AUG -1 PM 4:47

SECRETARY OF STATE
STATE OF IDAHO

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

The Cauffman's

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

Katlin Cauffman

10884 Saffron Dr., Nampa, ID 83687

Linda R Cauffman

3570 NW Cauffman Ln., Mtn. Home, ID 83647

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" 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 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:

Katlin Cauffman

10884 Saffron Dr.

Nampa, ID 83687

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

Phone number (optional):

Secretary of State use only

Signature: Linda Cauffman

(signature required)

Printed Name: _____

Linda Cauffman

Capacity/Title: _____

Partner

(see instruction # 8 on back of form)

p:\corp\forms\labn forms\labn.p65
Revised 04/2003

202330

IDAHO SECRETARY OF STATE
08/02/2006 05:00
CK: 3563 CT: 202982 BH: 967922
1 @ 25.00 = 25.00 ASSUM NAME # 2