



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 FEB -2 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Merchants Quarter

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

Name

Karla Luckow

Complete Address

*3320 Airport Rd. #20 Nampa,
ID 83687*

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

*Merchants Quarter
3320 Airport Rd. #20
Nampa, ID 83687*

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Secretary of State use only

Signature: *Karla Luckow*

Printed Name: *Karla Luckow*

Capacity/Title: *Owner*

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
02/02/2011 05:00
CK: 14254458101 CT: 158810 BH: 1258834
1 e 25.00 = 25.00 ASSUM NAME N 2