

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.

01 JAN -3 AM 11:12
SECRETARY OF STATE
STATE OF IDAHO

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

Down Home Country Scents

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>Valerie Mabry</u>	<u>1858 N. CARISSA Ave.</u>
<u></u>	<u>Boise, ID 83704</u>
<u></u>	<u></u>

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input 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): (208) 378-4267

Down Home Country Scents
~~1858 N.~~
1858 N. CARISSA Ave.
Boise, ID 83704

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

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

Signature: Valerie Mabry
Printed Name: Valerie Mabry
Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97
9 Corp/Forms/labn.pmf

Secretary of State use only

IDAHO SECRETARY OF STATE
01/03/2001 09:00
CK: 4368 CT: 140339 BH: 370488
1 @ 20.00 = 20.00 ASSUM NAME # 2

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