



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.

2005 JUN 29 PM 09:04

Please type or print legibly.**NOTE: See instructions on reverse before filing.**

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

Mama Pearl'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 |
|------------------|-------------------------------------|
| Cheryl Osterhout | 1845 Midway, Idaho Falls, ID 83406 |
| Maranda Moon | 399 Croft Dr, Idaho Falls, ID 83406 |
| Andrea Burnell | 4018 Greenwood Cir, Ammon, ID 83406 |

*Caren Batiades**9155 Chetwood Dr C05, CO 80920*

- 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 | |

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

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

Cheryl Osterhout

1845 Midway

Idaho Falls, ID 83406

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 (if other than # 4 above):

Phone number (optional):

208 524-0575

Secretary of State use only

Signature:

(signature required)

Printed Name:

Cheryl Osterhout

Capacity/Title:

Andrea A. Burnell
Partner

See instruction # 8 on back of form.

IDaho SECRETARY OF STATE
07/29/2005 05:00
CK: 2326 CT: 108623 BM: 823956
1 \$ 25.00 = 25.00 ASSUM NAME # 2

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