



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
MAR 28 AM 9:21

Please type or print legibly.

NOTE: See instructions on reverse before filing. SECRETARY OF STATE OF IDAHO

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

THE TUMMY LOVE SHACK

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

LISA H. HOOPER

323 OAK ST. SANDPOINT 83864

DENNIS K. HOOPER

323 OAK ST. SANDPOINT 83864

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:

LISA H. HOOPER
2503 SELKIRK RD
SANDPOINT ID 83864

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

SAME

Phone number (optional):

208-610-6129

Signature: _____

(Signature required)

Printed Name: _____

LISA H. HOOPER

Capacity/Title: _____

OWNER PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\forms\labn forms\labn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE
03/28/2005 05:00
CK: 142 CT: 150010 BH: 001029
1 @ 25.00 = 25.00 ASSUM NAME # 2

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