



# 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**

02 AUG 26 AM 11:23

SECRETARY OF STATE  
STATE OF IDAHO

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

Memories to DVD

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

<u>Margie Cleverdon</u>	<u>18083 CAN-ADA, NAMPA, ID 83687</u>
<u>Paula Cleverdon</u>	<u>11170 W. Edgehill Dr. Boise ID 83709</u>
<u>*Video Memories Forever, LLC</u>	<u>18083 CAN-ADA Road, NAMPA ID 83687</u>
<u>W20479</u>	

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 |  |

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

Margie Cleverdon  
18083 CAN-ADA, NAMPA ID 83687

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

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

Paula Cleverdon  
11170 W. Edgehill Dr.  
BOISE ID 83709

Phone number (optional):

484-4863

Signature: Paula Cleverdon

(signature required)

Printed Name: Paula Cleverdon

Capacity/Title: member

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/26/2002 05:00  
CK: CASH CT: 158010 BH: 484764  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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