Idaho Works - UUNOIN II Commer your Tei-A-Claim Fill, piese commercial and at (208) 364-7787.

227	
CERTIFICATE OF ASSUMED BUSINESS	FILED EFFECTIVE
Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu	e undersigned
Please type or print legibly. NOTE: See instructions on reverse befor	e filing. SECRETARY OF STATE STATE OF IDAHO
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> <li>Peace of Mind</li> </ol>	
<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ol>	
Name	Complete Address
Denise Mullendore	11180 W. Ardyce St.
	Boise, ID 83713
<ul> <li>3. The general type of business transacted und</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>Peace of Mind c/o Denise Mullendore</li> <li>3355 N Five Mile Rd. #164</li> <li>Boise,ID 83713-3925</li> </ul>	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgmer copy is (if other than # 4 above);</li> </ol>	nt Phone number (optional): temporcey (268)323 7603
	Secretary of State use only
Signature: <u>Mullender</u> (signature required) Printed Name: <u>Denise Mullendore</u> Capacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	Social Socia

D 96377