



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
2005 JAN -9 AM 10:01

SECRETARY OF STATE
STATE OF IDAHO

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

Triple Cross Furniture Co.

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

Kevin Mallory

26324 N. Warren Rd Athol, ID 83801

Cecelia Mallory

26324 N. Warren Rd Athol, ID 83801

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" 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:

Triple Cross Furniture Co.

P.O. Box 1252

Rathdrum, ID 83858

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

Phone number (optional):

(208) 691-2536

Secretary of State use only

Signature:

Cecelia Mallory
(signature required)

Printed Name:

Cecelia Mallory

Capacity/Title:

Owner

(see instruction # 8 on back of form)

g:\corpforms\abn form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/09/2006 05:00
CK: 8876 CT: 158810 BH: 931852
1 @ 25.00 = 25.00 ASSUM NAME # 2

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