227

CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EHFECTIVE

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Please type or print legibly.	S S S S S S S S S S S S S S S S S S S
NOTE: See instructions on reverse before fil	lina.
The assumed business name which the unders business is: Doy By Day	igned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of t business under the assumed business name: Name	Complete Address
WALDEN BOOK COMPANY, INC.	Ann Achor, MI
C125661	48107-7069
3. The general type of business transacted under	the assumed business name is
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: White Books Inc. Por Box 7069 Ann Achor, MIT 48107-7069	Secretary of State 700 West Jeffersori Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than #4 above):	(734)477-4634
	Secretary of State use only
Signature: Lisa M. Gilgallon Printed Name: Lisa M. Gilgallon Capacity/Title: Tax Asst. (see Instruction #8 on back of form)	IDAHO SECRETARY OF STATE 10/08/2002 05:00
	CK: 6009299 GT: 164866 BH: 575062 1 8 20.00 20.00 ASSUM NAME #

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