



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.

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

Memories

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

Micaela Glauer

P.O. Box 592 Filer ID 83328

Steve Glauer

P.O. Box 592 Filer ID 83328

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 | |

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:

P.O. Box 592
Filer ID 83328
Memories Sm@hot mail.com

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

Phone number (optional):

208-751-5480

Secretary of State use only

Signature: Micaela Glauer

Printed Name: Micaela + Steve Glauer

Capacity/Title: Owner/Partner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
07/30/2007 05:00
CK: 1879 CT: 158010 BH: 1067889
1 @ 25.00 = 25.00 ASSUM NAME # 2