

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED

98 SEP 28 PM 2:18



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

The List Managers

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
Ciaran Murphy

Complete Address

1839 Skylane DR., Twin Falls, ID 83301

Karen Murphy

1839 Skylane DR., Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 208-734-3001

Karen Murphy

1839 Skylane DR

Twin Falls, ID 83301

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

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

Signature:

K.P. Murphy Karen Murphy

Printed Name: Ciaran Murphy Karen Murphy

Capacity: Owners

(see instruction # 8 on back of form)

Revision 2/97
a Acorn Information, Inc.

Secretary of State use only
IDaho SECRETARY OF STATE

09/28/1998 09:00
CX: 4392 CT: 104604 IN: 148934

1 @ 20.00 = 20.00 ASSUM NAME 13

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