



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

2006 APR 26 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

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

GO-GETTERS

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

KARI LYNN TOWNSEND

2372 WILLOWCOURT DR, GARDEN CITY ID 83714

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 | |

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



Kari Lynn Townsend
8372 Willowcourt Dr.
Garden City, ID 83714

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

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

Phone number (optional):

253-1789 (HOME)

Secretary of State use only

Signature:

Kari Lynn Townsend
(signature required)

Printed Name:

KARI LYNN TOWNSEND

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

g:\cop\forms\abn_forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
04/26/2006 05:00
CK: 3507 CT: 158010 BH: 951310
1 @ 25.00 = 25.00 ASSUM NAME # 2

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