

CERTIFICATE OF ASSUMED BUSINESS NAME

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



FILED/EFFECTIVE

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.

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

IDAHO EXPRESSIONS ART

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	Complete Address
<u>CARRIE L MULLIN</u>	<u>815 E 1st St Meridian 83642</u>
<u>" " "</u>	<u>1261 E KITE Eagle ID 83616</u>
<u>" " "</u>	<u>" " " "</u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" 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): 208 939 5929
FIRST ST ADDRESS: 208 884 1867

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1261 E KITE ST
EAGLE ID 83616

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

Secretary of State use only
IDAHO SECRETARY OF STATE

09/13/2000 09:00
CK: 1304 CT: 135917 IM: 347918

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature:

Carrie L. Mullin

Printed Name:

CARRIE L MULLIN

Capacity:

OWNER

(see instruction # 8 on back of form)

Revision 2/97

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