



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

01 AUG 22 AM 8:58

STATE OF STATE
STATE OF IDAHO

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

TENDER Touch "MESSAGE"

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

Name

Opal L. MCFEASEN

Complete Address

255 South 150 E Shoshone, ID 83352

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:

Opal L. MCFEASEN
255 South 150 E
Shoshone, ID 83352

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

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

Phone number (optional):

208-866-7909

Secretary of State use only

Signature: Opal L. MCFEASEN

Printed Name: Opal L. MCFEASEN

Capacity: Owner

(see instruction # 8 on back of form)

g:corporations/forms/abn.p65
Revised 01/2001

IDaho SECRETARY OF STATE
08/22/2001 05:00
CK: 3465 CT: 158354 BH: 414957
1 @ 20.00 = 20.00 ASSUM NAME # 2

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