

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

06 MAR 30 PM 3: 53

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which the understand business is:         <ul> <li>(Lide's Magic Touch</li> </ul> </li> <li>The true name(s) and <u>business</u> address(es) of business under the assumed business name:</li> </ol>	
Name (	Complete Address 5622 Bitterbrush Pl. 2/dwell Idahes 83607
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  5622 Rifferbrush Pl	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: <u>A. Meduro</u> Printed Name: <u>Carmen A. Medicano</u> Capacity/Title:	Secretary of State use only  IDANO SECRETARY OF STATE  03/30/2006 05:00  CK: CASH CT: 158810 BH: 946461  1 9 25.00 = 25.00 ASSUN NAME # 2

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