



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.

2004 OCT 15 AM 9:31
SECRETARY OF STATE OF IDAHO
FILED EFFECTIVE

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

~~HELENA~~ VICTORIAN ROSE

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

MARY ANN CANZONERI 217 N. FIRST AVE #101
SANDPOINT ID. 83864

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

MARY ANN CANZONERI
P.O. BOX 891
PIEST RIVER ID. 83856

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):

208-448-1844

Secretary of State use only

Signature: Mary Ann Canzoneri

(signature required)

Printed Name: MARY ANN CANZONERI

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\abn\form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/15/2004 05:00
CX: 4228 CT: 150010 BH: 771209
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 80983