CERTIFICATE O. ASSUMED BUSINESS NAME

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

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 transpection of business is: STATE OF IDAHO Main Street PEDDLERS 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Maryanne Rees'e 1913 Neuburn E. TWIN Falls, ID 83301 3. The general type of business transacted under the assumed business name is: (mark only those that apply) X Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: Main Street PEDDLERS Submit Certificate of Assumed Business MAIN AUE E Name and \$20.00 fee to Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only D63872 IDAHO SECRETARY OF STATE 03/28/2003 05:00 : 9858662 CT: 158810 BH: 671465 Capacity:_ 29.98 ASSUM NAME # 2 (see instruction # 8 on back of form)