



# CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2007 JAN 16 AM 9:31** submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Day Breaks

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

Linda Marie

106 Northrail West, Shoshone, ID 83352

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

4. The name and address to which future correspondence should be addressed:

Day Breaks

PO Box 517

Shoshone, ID 83352

Phone number (optional):

208-720-6708

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

Signature: Linda Marie

(signature required)

Printed Name: Linda Marie

Capacity/Title: Owner/Manager

(see instruction # 8 on back of form)

Secretary of State use only

D107180

IDAHO SECRETARY OF STATE  
01/16/2007 05:00  
CK: 1003 CT: 104171 BH: 1026132  
1 @ 25.00 = 25.00 ASSUM NAME # 2