



# 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.

**FILED EFFECTIVE**

2004 SEP 30 AM 9:46

SECRETARY  
STATE OF IDAHO

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

Forget-Me-Not Mercantile

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
<u>Jodi Huff</u>	<u>14483 Lake Avenue Nampa, ID 83651</u>
<u>April Henry</u>	<u>924 13th Ave South Nampa, ID 83651</u>

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 |                                                              |

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:

Forget-Me-Not Mercantile  
14483 Lake Avenue  
Nampa, ID 83651

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional):

(208) 463-9516

Signature: Jodi Huff (signature required)

Printed Name: JODI HUFF

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn forms\labn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE  
09/30/2004 05:00  
CK: 1000 CT: 150010 BH: 760725  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D80537