



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

07 DEC 13 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

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

NEWPORT MINI STORAGE

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

ACORN ENTERPRISES, INC
C 90637

PO BOX 603
PRIEST RIVER, ID 83856

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

- | | |
|---|--|
| <input 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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

ACORN ENTERPRISES, INC
PO BOX 603
PRIEST RIVER, ID 83856

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

SAME

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

Phone number (optional):

509 671-0576

Secretary of State use only

Signature: Vicki Mollenkopf

(signature required)

Printed Name: VICKI MOLLENKOPF

Capacity/Title: TREASURER / OWNER

(see instruction # 8 on back of form)

If completed electronically, print
Revised 04/2003

IDAHO SECRETARY OF STATE
12/13/2007 05:00
CK: 4646 CT: 228479 BH: 1889732
1 @ 25.00 = 25.00 ASSUM NAME # 2

D117509