



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO **FILED/E.**
 Pursuant to Section 53-504, Idaho Code, the undersigned
 gives notice of adoption of an Assumed Business Name **02 MAR 22 AM 8:58**
 STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction of business is:

MAIPS DAY OFF

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

TAMARA FORSGREN 4206th ST IDAHO FALLS
83401

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 542-2997

4206th IDAHO FALLS
83401

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

Signature: Tamara Forsgren

Printed Name: TAMARA FORSGREN

Capacity: owner

(see instruction # 8 on back of form)

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Secretary of State use only

D5-3169

IDAHO SECRETARY OF STATE
03/22/2002 05:00
 CK: 800815066 CT: 101802 BH: 454808
 1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 1/98

9 Incorporations p65