

Printed Name: Dorie Mallor

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OI ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly.	S NAME Business Entities www.idsoe state.idats
NOTE: See instructions on reverse bef	fore filling.
The assumed business name which the ubusiness is: Maid of S	indersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(e business under the assumed business na	es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Dorie Mallory	5585 E. Parks Rd
	P.O. BOX 984 Athol Id 83801
The general type of business transacted to	
Retail Trade	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

IDAHO SECRETARY OF STATE

05/23/2005 05:00

CK: 5103 CT: 158010 RH: 811781
1 9 25.00 = 25.00 ASSUM NAME # 2

D88043