



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions **FILED/EFFECTIVE**)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

JUN 28 9 49 AM '01

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

Fireflies

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

Donna K. CORCORAN

4420 B Sijan St. MHAFB, ID 83648

Charles S. CORCORAN

4420 B Sijan St. MHAFB, ID 83648

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

- | | | |
|--|--|--|
| <input checked="" 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): _____

Kasey Corcoran

4420 B Sijan St.

MHAFB, ID 83648

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

Signature: Donna K. Corcoran

Printed Name: Donna K. Corcoran

Capacity: _____

(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

IDAHO SECRETARY OF STATE

06/28/2001 09:00
CK: CASH CT: 140285 BH: 405478

1 @ 20.00 = 20.00 ASSUM NAME # 2

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