

CERTIFICATE OF ASSUMED BUSINESS NAME

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



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.

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

Country Garden Crafters Mall

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
<u>Kay See LLC</u>	<u>1863 N. Aronmink</u>
<u>(Kerri Jones)</u>	<u>Meridian, ID. 83642</u>
<u>(Chris Wentzel)</u>	

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 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): 377-8179

Kerri Jones
1863 N. Aronmink
Meridian, ID. 83642

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

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

DATE 03/25/1997

0900 76187 2

CK #: no ck # CUST# 78754

ASSUM NAME 1@ 20.00= 20.00

: D

Signature: Kerri Jones

Printed Name: Kerri Jones

Capacity: Manager (Principal officer)

(see instruction # 8 on back of form)

Revision 2/97

g:\corp\forms\stbn.prm6