



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.

2006 APR -5 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

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

Forever Memories DV

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

Name

Kimberly Lindberg

Complete Address

916 Davis Ave Nampa Id 83651

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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Forever Memories DV

916 Davis Ave

nampa Idaho 83651

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

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

Kim Lindberg

916 Davis Ave

Nampa ID 83651

Phone number (optional):

208-442-7382

Signature: Kim Lindberg
(signature required)

Secretary of State use only

Printed Name: Kim Lindberg

09838V

Capacity/Title: Owner

(see instruction # 8 on back of form)