



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2004 AUG 12 PM 12:12

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Timeless Tributes

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

Name

R. C. & Associates, INC.
129679

Complete Address

2231 Haw Creek Circle Emmett, ID
83617

3. The general type of business transacted under the assumed business name is:

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

Timeless Tributes
2231 Haw Creek Circle
Emmett, ID 83617

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):

Phone number (optional):

Secretary of State use only

079102

IDaho SECRETARY OF STATE
08/12/2004 05:00
CK: 2654 CT: 93667 BH: 768572
1 @ 25.00 = 25.00 ASSUM NAME # 3

Signature: Cathy Adams
(signature required)

Printed Name: Cathy J. Adams

Capacity/Title: _____

(see instruction # 8 on back of form)