

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2007 FEB 15 AM 9: 2

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(e business under the assumed business na	es) of the entity or individual (
Name Melissa Holford	Complete Address 5484 Hwy 52 New Plymouth, ID 83455
3. The general type of business transacted uses a large and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only
gnature: Mulisa Holliel inted Name: Melissa Holforn apacity/Title: Owner	IDAHO SECRETARY OF STATE ##################################

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