

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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:

97 MAY 15 AM 10:30

SECRETARY OF STATE
STATE OF IDAHO



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

SLEEPY HOLLOW ENTERPRISES

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

Lisa M. Meinhart

P.O. Box 99

Kim T. Meinhart

White Bird, Idaho 83554

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:

Sleepy Hollow Enterprises

P.O. Box 99

White Bird, Idaho 83554

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

SAME

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 05/15/1997

0900 93181 2

CK #: 1031 CUST# 81496

ASSUM NAME 1@ 20.00= 20.00

Signature: Lisa M. Meinhart

Printed Name: Lisa M. Meinhart

Capacity: Co-Owner

(see instruction # 8 on back of form)

Revision 2/87 g:\cop\forms\slain.pmg

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