



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Secretary of State
Business Entities
www.idsos.state.id.us/

2006 NOV 16 AM 8:52

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Beth Or

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

Name

Complete Address

Anthony R. Mitchell

1620 Boyd Ave Coeur d'Alene, ID 83814

Holly Le Mitchell

1620 Boyd Ave Coeur d'Alene, ID 83814

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

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

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

Beth Or

1620 Boyd Ave

Coeur d'Alene ID 83814

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

Phone number (optional):

(208) 660-7611

Secretary of State use only

Signature: AR Mitchell

(signature required)

Printed Name: Anthony R. Mitchell

Capacity/Title: Proprietor

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/16/2006 05:00
CK: 6651 CT: 206527 BH: 1013913
1 0 25.00 = 25.00 ASSUM NAME # 2

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