Printed Name: Molly G. Goodyear

(see instruction # 8 on back of form)

Capacity: Owner

7	
CERTIFICATE OF ASSUM (Please type or print legibly. Se	ED BUSINESS NAME E instructions on reverse.)
To the SECRETARY OF STATE, STATI Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	o Code, the undersigned Sumed Business Name.
The assumed business name which the und business is: GOOGYEAV FINE	ersigned use(s) in the transaction of Stationery
The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing
Molly G. Goodyear P	Complete Address O. Box Al 341 Angela Dr. Hailey. Idaho 83333
The general type of business transacted uni (mark only those that apply)	der the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	 Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
 The name and address to which future Pi correspondence should be addressed: 	none number (optional): <u>208-786-3806</u>
P.O. Box 41	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Hailey, Idaho 83333 5. Name and address for this acknowledgmen	Secretary of State 700 West Jefferson t Basement West
COPY ÎS (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Ull! G. Oh	Regular

IDAHO SECRETARY OF STATE

08/17/2001 05:00

CK: 6341 CT: 150199 BH: 414215
1 0 20.00 = 20.00 ASSUM NAME # 2

