

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.

2005 NOV 15 AM 8: 50

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

SECRETARY OF STATE STATE OF IDAMO

| Chiral Chiral | | |
|--|--|--|
| 1. The assumed business name which the undersign | gned | use(s) in the transaction of |
| business is: | | |
| CAROLINE'S | | |
| | | |
| 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing | | |
| business under the assumed business name: | | 1 1 |
| <u>Name</u> | | Complete Address |
| Caroline Dutton -1 | 24 | FRIAR DR |
| | ALO | 1W8/1, Id 83605 |
| | | |
| | | III sissa nama in |
| 3. The general type of business transacted under the assumed business name is: | | |
| Transportation and | | Į, |
| - Retail Hade | u . u. | |
| Vyllolesale Hade | | 10 UC 10 UC |
| | | Submit Certificate of Assumed Business |
| Manufacturing Mining | | Name and \$25.00 fee to: |
| Finance, Insurance, and Real Estate | | |
| 4. The name and address to which future | | Secretary of State |
| correspondence should be addressed: | | 700 West Jefferson Basement West |
| Pinter | | PO Box 83720 |
| (HKC/in)E) | • | Boise ID 83720-0080 |
| 134 FRAR DR | *. | 208 334-2301 |
| CALOWELL JE 83605 | | |
| Name and address for this acknowledgment | | Phone number (optional): |
| COPY is (if other than # 4 above): | | 208-454-6435 |
| SAME AS ABOVE | | |
| <u> 5498. 45 140007.</u> | | Secretary of State use only |
| | | |
| | n.p65 | |
| a de la | ns\abr | |
| Signature: (Molisie required) | bn for 1 04/2(| IDAHO SECRETARY OF STATE 11/15/2005 05:00 |
| Printed Name: CAROLINE DUHON | forms\abn forms\ Revised 04/2003 | CK: 3705 CT: 158010 BH: 922123 1 P 25.00 = 25.00 ASSUM NAME # 2 |
| Capacity/Title: OWNER | g.\corp\forms\abn forms\abn.p65 Revised 04/2003 | T.C. FORDS - FORDS INDEN MAIL & F. |
| (see instruction # 8 on back of form) | 6 | D93647 |