



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 SEP 26 PM 2:23

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

FOR HEAVEN'S SAKE

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

<u>Name</u>	<u>Complete Address</u>
<u>LINDA L. VAVOLD</u>	<u>212 S. KIMBALL AVE CALDWELL, ID 83605</u>
<u>JAMES L. VAVOLD</u>	<u>"</u>

3. The general type of business transacted under the assumed business name is:

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

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

212 S. KIMBALL AVE.
CALDWELL, ID 83605

Submit Certificate of Assumed Business Name and ~~\$20.00~~ fee to:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

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

Signature: Linda L. Vavold
Printed Name: LINDA L. VAVOLD
Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

s:\corp\forms\abn_forms\abn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
09/27/2005 05:00
CK: 5006 CT: 150010 BH: 913697
1 @ 25.00 = 25.00 ASSUM NAME # 2

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