

Capacity/Title:\_CVV\\C\C\

(see instruction # 8 on back of form)

## **CERTIFICATE OF** Please type or print legibly. ASSUMED BUSINESS NAME 16 RM 9: 04 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name 100 IDAHO Please type or print legibly. STATE OF THE See Instructions on Toylors before 500.

1. The assumed business name which the undersign business is:  Mother Love Doubs	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Elizabeth Bajd  Mo	entity or individual(s) doing  Complete Address  E. 204  SCOW IN  83843
3. The general type of business transacted under the  Retail Trade Transportation and Property Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Cana as about	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301  Phone number (optional):  208-802-72/0
gnature: Waken De Competitive required)	Secretary of State use only

IDANO SECRETARY OF STATE

03/16/2005 05:00

CK: 1426 CT: 158018 BH: 798765

1 @ 25.00 = 25.00 ASSUM NAME # 2

