

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 OCT 17 AM 8: 16 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:	
A Memory Neve	er torgotten
2. The true name(s) and business address(es) of the e business under the assumed business name:  Name  MISTU MAYUSKA 301  Box	entity or individual(s) doing  Complete Address  Carefenen unu Se Idaho 83713
3. The general type of business transacted under the assumed business name is:	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
Signature: State of form)  Signature: State of form  Signature: State	IDAHO SECRETARY OF STATE 10/17/2007 05:00 CK: 1491 CT: 158010 BH: 1888876 1 B 25.08 = 25.08 ASSUM NAME # 2