

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.



CLERK OF STATE
JUL 18 PM 2:29
SALT LAKE CITY, UTAH

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

Patches CM

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

Patches SAILSBERY 31 South 800 West
Blackfoot Idaho 83221

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Patches Sailsbery
31 South 800 West
Blackfoot Idaho 83221

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

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

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

Signature

Patches Sailsbery

Printed Name:

Patches Sailsbery

Capacity:

Owner (Sole)

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

08/18/1997 09:00
CK: 1808 CT: 05961 BH: 30739

1 @ 20.00 = 20.00 ASSUM NAME

D 7335

Revision 2/97

g:\corp\form\slabn.pmf