



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 JAN 19 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Pearls

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

Name

Chad Henke

Michael Fruechte

Complete Address

1175 Imperial St, Twin Falls, ID 83301

602 Agate, Kimberly, ID 83341

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

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

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

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

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

Idaho Pearls

P.O. Box 678

Kimberly, ID 83341

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: _____

Chad Henke

Capacity/Title: _____

Partner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\stbn form\stbn.p65
Revised 04/2003

DP5598

IDAHO SECRETARY OF STATE
01/19/2006 05:00
CK: 422 CT: 196073 BH: 932895
1 @ 25.00 = 25.00 ASSUM NAME # 2