27	EDEFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse before	e undersigned usiness Name. STATE OF IDAHO ^{STL}
1. The assumed business name which the undersigned use(s) in the transaction of business is: <u>Mountain Maids</u>	
2. The true name(s) and business address(es) business under the assumed business name Name <u>Amanda Kaye Rukav INA</u>	of the entity or individual(s) doing e: Complete Address <u>71 Gooby Rd.</u> Sandpoint, Idaho 83864
 Wholesale Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: <u>Same a S above</u> 5. Name and address for this acknowledgme 	and Public Utilities 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 Phone number (optional):
COPY IS (if other than # 4 above): Signature: Multiple (signature required) Printed Name: Amanda K RukaviNA Capacity/Title: Owner (see instruction # 8 on back of form)	208-263-2182 Secretary of State use only DDDD IDAHO SECRETARY OF STATE 09/13/2004 05:00 CK: 1067 CT: 158010 BH: 765716 1 @ 25.00 = 25.00 ASSUM NAME # 4