

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

01 DEC -6 AM 8:52
SECRETARY OF STATE
STATE OF IDAHO

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

Mandi's Place

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

| <u>Name</u> | <u>Complete Address</u> |
|-----------------------|---|
| <u>Amanda Perkins</u> | <u>20 North 3rd East Soda Springs, ID 83276</u> |
| _____ | _____ |
| _____ | _____ |

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): _____

Ireland Bank ATTN: ANGIE

PO Box 887

Soda Springs, ID 83276

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

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

Signature: Amanda Perkins

Printed Name: Amanda Perkins

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
12/06/2001 05:00
CK: 019049 CT: 154312 BH: 432934
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 50309