



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Secretary of State
Business Entities
www.idsos.state.id.us/

2005 JAN 28 AM 8:54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

"Memories on DVD & Parties to Go"

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

Name

Angela R. Hohman

Complete Address

1920 E. Prairieview Dr.

Post Falls, Idaho 83854

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 | |

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

Memories on DVD/Angela Hohman
1920 E. Prairieview Dr.
Post Falls, Id. 83854

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

Signature:

Angela R. Hohman
(signature required)

Printed Name:

Angela R. Hohman

Capacity/Title:

Owner/Operator

(see instruction # 8 on back of form)

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):

208-773-4037

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
01/28/2005 05:00
CK: 4433 CT: 150010 BH: 789918
1 @ 25.00 = 25.00 ASSUM NAME # 2

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