

Printed Name: _

Capacity/Title:__

Amanda J. Gates-Hoffman

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2004 OCT 15 AH 9: 15

STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Babykins	
The true name(s) and business address(es business under the assumed business nan Name	ne:
	Complete Address
Amanda J Gates-Hoffman	2531 9th Ave E Twin Falls ID 8330
The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
Manufacturing Mining	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
he name and address to which future	Secretary of State
orrespondence should be addressed:	700 West Jefferson
Amanda J. Gates-Hoffman	Basement West
	PO Box 83720
2531 9th Ave. E.	Boise ID 83720-0080
Twin Falls, ID 83301	208 334-2301
Name and address for this acknowledgmen	Dhona number ()
copy is (if other than # 4 above):	
1) (1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(208)734-3108

IDAHO SECRETARY OF STATE

10/18/2004 05:00

CK: CASH CT: 158010 BH: 771444

1 8 25.00 = 25.00 ASSUM MANE # 2