

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



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

98 JUL 21 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

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

Custom Maid

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

Name	Complete Address
<u>Pamela L. Shook</u>	<u>2101 Cabinet St., Post Falls, Id</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): (208) 777-9438

Pamela L. Shook
2101 Cabinet St.
Post Falls, Id 83854

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

Signature:

Pamela L. Shook

Printed Name:

Pamela L. Shook

Capacity:

Sole Proprietor

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

07/21/1998 09:00
CK: 1792 CT: 101720 BH: 129795

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/87

9/10/1998 melabon pms