



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

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

OFFICE ID

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

MARIA BANICA

Complete Address

528

4TH AVE W

TWIN FALLS, ID, 83301

MARIA BANICA

3. The general type of business transacted under the assumed business name is:

(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

OFFICE ID

Phone number (optional):

(208)-736-7244

(208)-736-8668

528 4TH AVE W, TWIN FALLS, ID, 83301

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

640 BLUE LAKES BLVD. S

TWIN FALLS, ID, 83301

Signature:

Maria Banica

Printed Name:

MARIA BANICA

Capacity:

OWNER

(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

07/24/2000 09:00
CK: 413150192 CT: 133004 BH: 335700

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 1/98

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