



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

08 JUN 25 AM 8:42
SECRETARY OF STATE
STATE OF IDAHO

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

REBATES 4 U

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

Name

Complete Address

JUDITH BARTON

P.O. BOX 635 BLACKFOOT, ID 83221

MARK BARTON

P.O. BOX 635 BLACKFOOT, ID 83221

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:

REBATES 4 U

P.O. BOX 635

BLACKFOOT, ID 83221

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature:

Judith Barton / Mark Barton
(signature required)

Printed Name: JUDITH BARTON / MARK BARTON

Capacity/Title: OWNERS

(see instruction # 8 on back of form)

g:\comp\information forms\idbm.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
06/25/2008 05:00
CK: 751 CT: 227351 BH: 1121393
1 @ 25.00 = 25.00 ASSUM NAME # 2

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