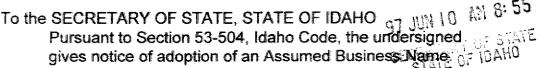
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





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 of IDAHO				
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Sherman Cards			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Robert C. Sherman	Complete Address 3107 Colorado Ave : Caldwell, ID 83605		
	Melinda C. Sherman	3107 Colore	ado Ave., Caldwell, ID 83605	
3.	The general type of business transacted (mark only those that apply)	under the assu	med business name is:	
	☐ Retail Trade ☒ Manufactur ☒ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	☐ Fina on ☐ Min		
4.	e name and address to which future Phone number (optional): (208)459-9546 respondence should be addressed:			
	Melinda C. Sherman		Submit Certificate of Assumed Business	
,	3107 Colorado Ave. Caldwell ID 83605		Name and \$20.00 fee to:	
5.	Name and address for this acknowledgm copy is (if other than #4 above):	nent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
			Secretary of State use only	
natu	ire: Molinda Sherman	Revision 2/97	IDAHO SECRETARY OF STATE DATE 06/10/1997 POO 100881 2 CK #: 3975 CLST# 82719	

Sign

Printed Name: ///e/inda (". Merman

Capacity: Resident

(see instruction # 8 on back of form)

ASSUM NAME 19 20.00= 20.00

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