

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 SECRETARY OF STATE

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

THE MAIN STREET CANDLE SHOPPE

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

TONI BARRATT

P.O. Box 359 IDAHO CITY, ID. 83631

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" 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 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): 392-4372

THE MAIN STREET CANDLE SHOPPE

P.O. Box 625

IDAHO CITY, ID. 83631

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

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
DATE 05/28/1997
0900 96571 1
CK #: 1298 CUST# 82053
ASSUM NAME 10 20.00= 20.00

Signature: Toni L. Barrett

Printed Name: TONI L. BARRATT

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/87

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