

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

Please type or print legibly.

2007 MAY -3 AM 10. 0=

NOTE: See instructions on reverse before filing.	an In: ne
The assumed business name which the undersigned business is: DLM Licensing and Reporting	SILVE OF IDATIO
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name	Complete Address A long to the U.St Twin falls ID
Darteen F. Shirley 958 Linetta Desland 5a Ampuda Fahrenholz 5a	me
3. The general type of business transacted under the and Retail Trade	
4. The name and address to which future correspondence should be addressed: Durleen F. Shirley 958 Wendell St. Twin Falls, TD 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-736-5020
Signature: Linetta Canad Capacity/Title: Co-Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 95/03/2007 95:00 CK: 14204 CT: 212952 BH: 1851399 1 25.88 = 25.60 ASSUN HAME # 2