



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.

FILED/EFFECTIVE

02 JAN 24 AM 10:07

STATE OF IDAHO

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

Tasters Demo Service

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

<u>Name</u>	<u>Complete Address</u>
<u>Robert F. Mallon</u>	<u>2312 Sylvan Dr. Caldwell, ID 83605</u>
<u>Lynda L. Mallon</u>	<u>2312 Sylvan Dr. Caldwell, ID 83605</u>

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:

Tasters Demo Service
2312 Sylvan Dr.
Caldwell, Idaho 83605

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

Phone number (optional):

208-454-9493

Secretary of State use only

Signature: Lynda L. Mallon

Printed Name: Lynda L. Mallon

Capacity/Title: owner/operator

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
01/24/2002 05:00
CK: 1588 CT: 156242 BH: 442069
1 @ 20.00 = 20.00 ASSUM NAME # 2

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