



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

98 SEP -3 PM 1:51

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
STATE OF IDAHO

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

NAILS 2000

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

MY (MIMI) BUI

1800 Government Way #B

Coeur d'Alene, ID 83814

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

- | | | |
|--|--|--|
| <input 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 checked="" 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): _____

MY (MIMI) BUI

1800 Government Way #B

Coeur d'Alene, ID 83814

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

N/A

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
IDHO SECRETARY OF STATE

09/03/1998 09:00
CK: 69358918544 CT: 183572 DN: 142284

1 @ 20.00 = 20.00 ASSUM NAME

D17943

Signature: [Signature]

Printed Name: My (MIMI) Bui

Capacity: proprietor (owner)

(see instruction # 8 on back of form)

Revision 1/98

g:\acp\form\slain.p65