

Capacity/Title:____

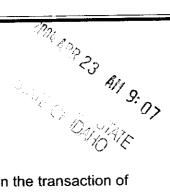
(see instruction # 8 on back of form)

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.

See instructions on reverse before filing.



NOTE: See instructions on reverse before ming.	<i>₩</i>
The assumed business name which the undersigned use(s) in the transaction of business is:	
AUDREY'S MOUNTAIN STE	REAM PUBLISHING
2. The true name(s) and business address(es) of the e business under the assumed business name: Name AUDREY PLOTT EAC	Complete Address
3. The general type of business transacted under the assumed business name is:	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: Audrey PLOTT Printed Name: Audre PLOTT Printed Name: Audre PLOTT Printed Name:	

IDAHO SECRETARY OF STATE

04/23/2004 05:00

CK: 1503 CT: 158010 BH: 741071

1 0 25.00 = 25.00 ASSUM NAME # 2

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