

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO 97 AUG 27 AM 10:49
Pursuant to Section 53-504, Idaho Code, the undersigned **SECRETARY OF STATE**
gives notice of adoption of an Assumed Business Name **STATE OF IDAHO**

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

THE MIRACLE TOUCH

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
<u>KIMBERLY GONZALES</u>	<u>936 1st St. N. Ex. Nampa, ID 83687</u>
_____	_____
_____	_____

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): 459-4128

THE MIRACLE TOUCH
1223 E. CHICAGO
CALDWELL, ID 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

Signature: Kimberly Gonzales
 Printed Name: KIMBERLY GONZALES
 Capacity: OFFICE MANAGER

(see instruction # 8 on back of form)

Revision: 2/87
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Secretary of State use only
 IDAHO SECRETARY OF STATE
 08/28/1997 09:00
 CX: 512 CT: 06389 DN: 33697
 1 @ 20.00 = 20.00 ASSUM NAME

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