



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

2005 MAR 22 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

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

My Gal Friday

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

Name

Complete Address

Varona M. Glorfield

2171 N. Linder Road, Meridian, ID 83642

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:

My Gal Friday

Varona Glorfield

2171 N. Linder Road, Meridian, ID 83642

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

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):
HM: 884-3938
CELL: 891-9101

Secretary of State use only

Signature: *Varona Glorfield* 3-21-05

(signature required)

Printed Name: Varona Glorfield

Capacity/Title: Owner

(see instruction # 8 on back of form)

9:40pm forms\labn forms\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/22/2005 05:00
CK: 2007 CT: 158010 BH: 799966
1 @ 25.00 = 25.00 ASSUM NAME # 2

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