



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

2007 MAR 14 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

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

Mason's Trophies + Gifts

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
<u>Edmond E. Mason</u>	<u>364 2nd Ave. E.</u>
	<u>Twin Falls, ID 83301-6425</u>

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

4. The name and address to which future correspondence should be addressed:

Edmond E. Mason
364 2nd Ave. E.
Twin Falls, ID 83301

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

- MASON'S TROPHIES & GIFTS
364 2nd Ave E
TWIN FALLS, ID 83301

Phone number (optional):
208 733-1560

Secretary of State use only

Signature: Edmond E. Mason
(signature required)

Printed Name: EDMOND E MASON

Capacity/Title: OWNER
(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/14/2007 05:00
CK: 598 CT: 158018 BH: 1039842
1 @ 25.00 = 25.00 ASSUM NAME # 2

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