

Capacity:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Code the undersigned Of AUG 13 COME ASSUMED BUSINESS INAIVIE Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idaho Code, the undersigned AUG 13 AUG: 57

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigne business is: The Book Recycler	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elebusiness under the assumed business name: Name Heidi C. Martin 8173 Soft L. Martin 8173	Complete Address Waterleaf Ava Nama Whaterleaf Ave, Naga
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Heide Martin S173 Waterleat Ave Namos TD \$3687	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 461-9307
	Secretary of State use only
Signature: Name: Ha d d d a d	

IDAHO SECRETARY OF STATE

98/13/2001 05:00

CK: 3498 CT: 149990 BH: 413139
1 8 20.00 = 20.00 ASSUM NAME # 2