

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.

SEUNE HALL STATE OF HOAHO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of Charity Vending 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 Paige Mortensen 3595 Sycamore Circle Idaho Falls, ID 83402 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future correspondence should be addressed: Secretary of State 700 West Jefferson Paige Mortensen Basement West PO Box 83720 3595 Sycamore Circle Boise ID 83720-0080 Idaho Falls, ID 83402 208 334-2301

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

Phone number (optional):

Secretary of State use only

Signature: "Pouds W Printed Name:

Paige Mortensen

Capacity/Title:_

(see instruction # 8 on back of form)

0100397

IDAHO SECRETARY OF STATE 05/31/2006 05:00 CK: 817888 CT: 172099 BH: 957458 25.00 ASSUM NAME # 2