Signature:

Printed Name: <u>Lee</u>

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

SIATE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

3003 MAY 16 AM 9: 02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.	S原花 (新 IDAHO
The assumed business name which the undersigne business is: Maine - / x Clothe	
The true name(s) and business address(es) of the elements business under the assumed business name: Name Lee Reid 43	
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Maine-ly Clothes 436 W. Hwy 26 Blackfoot, T.D. 83221	
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): (208) 785 - 1781 Secretary of State use only
96	223.3.m., 3. 3

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IDAMO SECRETARY OF STATE
05/16/2003 05:00
CK: 6848285728 CT: 158818 BN: 688998
1 8 25.88 = 25.88 ASSUM MANE # 2

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