## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name SECRETARY OF STATE

	gives notice of adoption of an A		SIMIE UF IDAMII
1.	The assumed business name which the ur business is:	ndersigne	d use(s) in the transaction of
	Amela Enterprises		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name		Complete Address
	Pamela Mulligan	PO Box	
		Sandpoi	nt, Idaho 83864
<ol> <li>The general type of business transacted under the assumed busines (mark only those that apply)</li> </ol>			assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional).208-263-3059 correspondence should be addressed:		
	Pamela Mulligan		Submit Certificate of
	PO Box 1051 Sandpoint, Idaho 83864		Assumed Business
	Sandpoint, Idano 63664		Name and \$20.00 fee to:
			Secretary of State
		4	700 West Jefferson
5.	Name and address for this acknowledgme	ent	Basement West PO Box 83720
	COPY is (if other than # 4 above).		Boise ID 83720-0080
			208 334-2301
			IDANG SECRETARIST USIN CONTY
		12/99	89/22/2008 09:00
		Revision 12/99	CK: 5839 CT: 136348 BH: 358895
ignal	ure: Famela Mulligan	a.	1 # 20.00 = 20.00 ASSUM HAME # 2
rinted Name: Pamela Mulligan		bn.p65	
Capac	city: Sole/Owner	ırp\forms\abn.p65	D 39229
	(see instruction # 8 on back of form)	Į.	' & & ()