



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

2009 JAN -8 PM 2: 03

SECRETARY OF STATE
STATE OF IDAHO

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

Motherhood Maternity

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

Destination Maternity Corporation

456 N. Fifth Street

(C133847)

Philadelphia, PA 19123

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

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

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

Corporation Service Company

1401 Shoreline Drive Suite 2

Boise, ID 83702

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

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: _____

Ronald J. Moscheta

Capacity/Title: _____

VP + Secretary

(see instruction # 8 on back of form)

Secretary of State use only

5:00pm 01/08/2009
Revised 04/2003

IDAHO SECRETARY OF STATE
01/08/2009 05:00
CK: NONE CT: 1157 BN: 1151436
1 @ 25.00 = 25.00 ASSUM NAME # 2

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