



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.

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

Habiscapes

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

Michael Wiegand

6920 Pearl Rd. EAGLE, ID
83616

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Michael Wiegand
6920 Pearl Rd.
EAGLE, ID 83616

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

Signature:

Michael Wiegand

Printed Name:

Michael Wiegand

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

g:\corp\format\abn forms\abn.p65
Revised 01/2001

Secretary of State use only

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

208-286-0506

IDAHO SECRETARY OF STATE
06/28/2002 05:00
CK: 4266 CT: 158010 BH: 474469
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 56162

FILED/EFFECTIVE
2002 JUN 28 AM 9:06
CLERK OF STATE
STATE OF IDAHO