Capacity: Owner

(see instruction # 8 on back of form)

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

To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Coogives notice of adoption of an Assume	de, the undersigned
1. The assumed business name which the u business is: Mark - Mom	ndersigned use(s) in the transaction of
The true name(s) and business address(e business under the assumed business na Name	, , , ,
AmyLynne Holt	1561 Cadav Ridge Rd. Kendrick, 19. 83537
3. The general type of business transacted Local (mark only those that apply) Retail Trade	ng
correspondence should be addressed:	Phone number (optional): ACC 461-9544
Marker-Mon Analyne Holf- 1561 Codor-Ridge Rd Kendrick, 10 83537 5. Name and address for this acknowledgme copy is (if other than # 4 above): BROX of America	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
PO BOX 787	Secretary of State use only
Signature: Amy Lynne Holf	IDAHO SECRETARY OF STATE 99/09/2002 05=00 CK: NO CK # CT: 156010 BH: 466955 1 0 20.00 = 20.00 ASSUM NAME # 2

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