

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Women's Extravaganza Weekend

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(s)

Address

Shea Cook

1709 E. 17th Street

Doreen Horn

Idaho Falls, ID 83404

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

service

See categories on the reverse

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

Shea Cook

297 W 9000 South, Rexburg, ID 83440

Signed

Shea Cook

By

Shea Cook

Capacity

CO-organizer/owner

334 2300

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/96

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IDAHO SECRETARY OF STATE
10/09/2002 05:00
CK: 1001 CT: 164081 BH: 575136
1 @ 20.00 = 20.00 ASSUM NAME # 2

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