CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2006 SEP 28 PM 2: 01

STATE OF WAHO

Please type or print legibly. instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is: Magic Valley Kids Directory	
The true name(s) and business address(e business under the assumed business name	s) of the entity or individual(s) doing me: Complete Address 1919 E Lost River Ave-Nampa, ID 83686 1919 E Lost River Ave-Nampa, ID 83686
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Phillip Dacus 1919 E Lost River Ave Nampa, ID 83686 5. Name and address for this acknowledge 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
ignature: (signature required) rinted Name: Phillip Dacus capacity/Title: (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only