



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

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2006 JUL 10 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

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:

Amens Magic Wands

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

Jeremy D Amen

FIVE FALLS AVE
1901 Falls Ave E Twin Falls ID 83301

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

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

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

Jeremy D Amen
1901 Falls Ave E
Twin Falls ID 83301

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

Phone number (optional):

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

Signature: [Signature]
(signature required)
Printed Name: Jeremy D. Amen
Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

pr copy to me via fax 1-800-368-6868
Revised 04/2003

IDAHO SECRETARY OF STATE
07/11/2006 05:00
CK: 1004 CT: 150010 BH: 964435
1 @ 25.00 = 25.00 ASSUM NAME # 2

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