



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.

FILED/EFFECTIVE

APR -9 AM 10:26

STATE OF IDAHO

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

BRICKHOUSE GALLERY

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

GWENDOLYN S. MCALISTER 28820 N. 60TH ST CAVE CREEK AZ 85327

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" 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:

BRICKHOUSE GALLERY
P.O. Box 54
MACKAY ID 83251

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

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

Phone number (optional):

(208) 588-3149

Signature: Gwendolyn S. McAlister

Printed Name: GWENDOLYN S. MCALISTER

Capacity: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\labn forms\labn.p65
Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE

04/10/2001 09:00
CX: 6868 CT: 144800 BH: 390101

1 @ 20.00 = 20.00 ASSUM NAME # 2

D44278