

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE



To the SECRETARY OF STATE, STATE OF IDAHO

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

1. The assumed business name which the undersigned uses in the transaction of business is:

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2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Barbara Myers 833 Shoshone St N #215

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): 837-4131

Barbara Myers
833 Shoshone St N #215
Twin Falls ID 83301

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

OL Evans Bank
222 Main Ave S.
Twin Falls ID 83301

Signature: Barbara Myers

Printed Name: Barbara Myers

Capacity: Director / owner

(see instruction # 3 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2001 05:00
CK: NOCHECK # CT: 150237 BH: 414412
1 @ 20.00 = 20.00 ASSUM NAME # 2

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