

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2004 DEC -9 M 9: 42

<u>Please type or print legibly.</u> <u>NOTE: See instructions on reverse before filing.</u>

STATE OF WARM

The assumed business name which the usiness is:	
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Melinda Redden	es) of the entity or individual(s) doing nme: <u>Complete Address</u> <u>390 No Riage Idak falls, Idako</u>
3. The general type of business transacted under the second secon	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Melinda Redden 390 No. Ridge Idaho Falls, Idaho 83402	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm copy is (if other than # 4 above). 	Phone number (optional): 208-524-1583
	Secretary of State use only
Signature: <u>Nelinda Jedden</u> Printed Name: <u>Melinda Redden</u> Capacity/Title: <u>a w n</u> e f	IDANO SECRETARY OF STATE 12/09/2004 05:00 CK: 4441 CT: 158010 BH: 788614 1 0 25.00 = 25.00 ASSLM NAME # 2

(see instruction # 8 on back of form)

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