

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 04 AUG 30 PM 2: 29

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

| A → The control of t | and marks to the discourse of the                    |
|---|--|
| <ol> <li>The assumed business name which the undersign<br/>business is:</li> </ol>  | ned use(s) in the transaction of                     |
| My Favorite   | 300 Ks   |
| The true name(s) and business address(es) of the business under the assumed business name:  | e entity or individual(s) doing                      |
| Name  | Complete Address                                     |
| SANDER M. DYET 619  | N. McDernott Rd.                                     |
| Na  | mpa, ID 83687  |
| The general type of business transacted under the   | e assumed business name is:                          |
| Retail Trade Transportation and Public Utilities  Wholesale Trade Construction  |  |
| <ul><li>☐ Services</li><li>☐ Agriculture</li><li>☐ Manufacturing</li><li>☐ Mining</li></ul>   | Submit Certificate of Assumed Business               |
| Finance, Insurance, and Real Estate   | Name and <b>\$25.00</b> fee to:                      |
| <ol><li>The name and address to which future correspondence should be addressed:</li></ol>  | Secretary of State<br>700 West Jefferson             |
| Sandra M. Duar  | Basement West<br>PO Box 83720                        |
| 619 N. McDernott Rd.  | Boise ID 83720-0080                                  |
| Nampa, ID. 83687  | 208 334-2301   |
| <ol> <li>Name and address for this acknowledgment<br/>copy is (if other than # 4 above):</li> </ol>   | Phone number (optional):                             |
|   |  |
|   | Secretary of State use only                          |
| Signature: Sanda M. Dyer  Printed Name: Sances D. Dyer  Capacity/Title: Curren  | 079631   |
| Printed Name: Saves D. Dyer   | IDAHO SECRETARY OF STATE                             |
| Capacity/Title: cure  | 08/30/2004 05 : 00<br>CK: 1868 CT: 158810 BH: 763599 |
| (see instruction # 8 on back of form)   | 1 8 25.00 = 25.00 ASSUM MAME # 7                     |