

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 AUG -8 AM 9: 19

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

NOTE: See histractions of teveros believe times.	STATE OF IDAHO
1. The assumed business name which the undersigned u	_
business is:	130(3) III alie u 21/33/34
Mom's Helping Hands	
The true name(s) and <u>business</u> address(es) of the enti- business under the assumed business name: Name	tity or individual(s) doing <u>Complete Address</u>
Raylene / Dustant Duck fawn 416 3rd St So. Nampa J T D 8365 3. The general type of business transacted under the as	
Retail Trade	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 Phone number (optional):
Farmers & Merchants State Bank 112 2nd Street South Nampa, ID 83651 Signature: Raylow (signature required)	Secretary of State use only IDAHO SECRETARY OF STATE 98/98/2095 95 299
Printed Name: Kaylene Julia	CK: 137765 CT: 158819 BM: 963855 1 @ 25.08 = 25.00 ASSUM HAME # 2
Capacity/Title: Ouve (see instruction # 8 on back of form)	D 90419