Capacity:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on revers To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the understand gives notice of adoption of an Assumed Business Name, 1. The assumed business name which the undersigned use(s) in the mansaction of business is: My FATHER'S PLACE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address C89891 MARTINEAU ENTERPRISES, INC. P.O. BOX 600 Po Bux 1905 McCALL The general type of business transacted under the assumed business name is (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina . 4. The name and address to which future Phone number (optional): \_\_\_ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20,00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only **IDAMO SECRETARY OF STATE** 12/14/1998 09:00 CK: 5820 CT: 81742 MH: 169747 1 8 20.00 = 20.00 ASSUM NAME # 2 Printed Name:

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