



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2003 JUL 21 AM 8:44

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Cathy's Corner

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

Name

Catherine SAUL

Complete Address

2751 50-850 E

Hagerman Idaho

83332-5613

3. The general type of business transacted under the assumed business name is:

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

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

4. The name and address to which future correspondence should be addressed:

Catherine SAUL

2751 50-850 E

Hagerman Id. 83332-5613

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

Phone number (optional):

1-(208)-837-6622

Secretary of State use only

1267280

IDAHO SECRETARY OF STATE
07/22/2003 05:00
CK: 772 CT: 150010 RM: 692221
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Catherine Saul

(signature required)

Printed Name: Catherine SAUL

Capacity/Title: owner/operator

(see instruction # 8 on back of form)