



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

05 APR 21 PM 12:58

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

A MOTHERS TOUCH DOLL SERVICE

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

Name

Complete Address

CAROL BOOTH

3260 E. BOULDER HEIGHTS

BOISE ID 83712

MIKE WAYMENT

62545 SHAGBARK AVE

BOISE 83716

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

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

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

CAROL BOOTH
3260 E. BOULDER HEIGHTS
BOISE ID 83712

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

Signature: Carol L. Booth

(signature required)

Printed Name: CAROL L. BOOTH

Capacity/Title: owner

(see instruction # 8 on back of form)

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): _____

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/21/2006 05:00
CK: 1277 CT: 158010 BH: 950662
1 @ 25.00 = 25.00 ASSUM NAME # 2

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