



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 JUN -1 AM 8:35

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:

Mackenzie's School of Dance

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
<u>Tammi M. Mackenzie</u>	<u>PO BOX #128 Fruitland, ID 83619</u>
	<u>247 SW Locust New Plymouth, ID 83655</u>

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

- | | |
|--|--|
| <input checked="" 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 | |

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:

Mackenzie's School of Dance
Tammi Mackenzie
PO Box #128
Fruitland, ID 83619

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

Phone number (optional):
208-278-5091

Signature: Tammi M. Mackenzie
(signature required)

Printed Name: Tammi M. Mackenzie

Capacity/Title: Director/owner
(see instruction # 8 on back of form)

Secretary of State use only

D100419

IDAHO SECRETARY OF STATE
06/01/2006 05:00
CK: 571 CT: 150010 BH: 957656
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Rev 01/04/2003