

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2007 MAR 29 AM 8: 42

SECRETARY OF STATE STATE OF IDAHO

TFHS Graduation Party F	und Class 2007
2. The true name(s) and business address(es) of the business under the assumed business name: Name Jane K Edmunds 916 V	e entity or individual(s) doing Complete Address Vildwood Way Twin Falls, ID 83301
. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Jane K Edmunds 916 Wildwood Way	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
Twin Falls, ID 83301 5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
***************************************	Secretary of State use only
ed Name: Jane K. Edmunds acity/Title:	