

Printed Name: Caro

Capacity/Title: NWNCY

(see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME 2005 APR 27 AM 8: 38

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

STATE OF TUARU

Please type or print legibly.
NOTE: See instructions on reverse before filing.

Memories Unlimited	
The true name(s) and business address(es) of business under the assumed business name: Name	the entity or individual(s) doing Complete Address
Larolan T. Hunter 82 Mo	2 Washington St.
The general type of business transacted under to the services and Real Estate The general type of business transacted under to the service and transportation and the services and Real Estate. The name and address to which future	Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Memories Unlimited \$22 Washington St.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Montpelier Itaho 83254	

[04]

IDAHO SECRETARY OF STATE

04/27/2005 05:00

CK: 2284 CT: 158010 BH: 806971

1 0 25.00 = 25.00 ASSUM NAME # 2