CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

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

Name	Complete Address
RITA I. DAMBERGER	16597 11th Ave N. Ext. Nampa, ID 83687
VIVIAN L. SYVERSON	215 11th AVE. S. Ext. Nampa 83686

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Agriculture
- ☐ Construction
- ☐ Transportation and Public Utilities
- ☐ Finance, Insurance, and Real Estate
- ☐ Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-463-9167
THE NEEDLES EYE
16597 11th AVE N. Ext.
NAMPA, ID 83687

Submit Certificate of Assumed Business Name and $20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Rita I. Damberger / Vivian Syverson
Printed Name: RITA DAMBERGER / VIVIAN SYVERSON
Capacity: partner - Partner
(see instruction # 8 on back of form)

Revision 2/97

Secretary of State use only

IDAHO SECRETARY OF STATE
06/16/1998 09:00
CK: 3035 CT: 100127 BH: 120038
1 @ 20.00 = 20.00 ASSUM NAME

FILED
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