



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

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.

00 JUL 28 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

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

The Blind Guy of Idaho Falls

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
<u>Russell Pearson</u>	<u>574 S. Adam Ln Idaho Falls, ID 83401</u>
<u>Rachelle Pearson</u>	<u>574 S. Adam Ln Idaho Falls, ID 83401</u>

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

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

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

Phone number (optional): (208) 251-7093

Rachelle Pearson
574 S. Adam Ln
Idaho Falls, ID 83401

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

07/28/2000 09:00
CK: 1435 C1: 132763 BH: 337047

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 57158

Signature:

Rachelle Pearson

Printed Name:

Rachelle Pearson

Capacity:

Proprietor

(see instruction # 8 on back of form)

Revision 12/99

g:\corp\form\stbn.p65