



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO 2003 AUG 21 AM 9:11
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name, STATE OF IDAHO

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

Express the Moment

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

Kim Rose

2539 MAPS ST.

IDAHO FALLS, ID 83402

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): 208-243-0245

Kim Rose

2539 MAPS ST.

Idaho Falls, ID 83402

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

068218

IDAHO SECRETARY OF STATE
08/21/2003 05:00
CK: 8401 CT: 158810 BH: 697617
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature:

Kim Rose

Printed Name:

Kim Rose

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/98

g:\compform\slabn.pdf