

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 filling.

nex

(see instruction # 6 on back of form)

Capacity/Title:

FILED/EFFECTIVE

2002 JUN 13 AM 8:51

STATE OF IDAHO

The assumed business name which the undersigned business is: Mamma - 2's Day Call	
2. The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name: Name Sandi Warren 507 Name	ntity or individual(s) doing <u>Complete Address</u> <u>Copper River</u> 22, ID 83651
3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction X Services Agriculture Manufacturing Mining	
Finance Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 507 N. Copper River Dr. Nampa, ID 83651	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):	Phone number (optional):
Signature and Marken 1000 to Designature Sandi Warren 1000 to Desi	Secretary of State use only

IDANO SECRETARY OF STATE 06/13/2002 05:00 CK: 1855 CT: 161145 BH: 471482 1 0 20.00 = 20.00 ASSUM NAME N 2