

Capacity/Title: OWNER.

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

2004 JUN -4 P 3: 37

THE DE INAHO

NOTE: See instructions on reverse before filir	19. STATE OF IDAHO
The assumed business name which the undersig business is:	ned use(s) in the transaction of
CELESTIAL BOUT	TIQUE
2. The true name(s) and <u>business</u> address(es) of th business under the assumed business name: Name	Complete Address
Santes L. Salines 304	
	8366
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Santos L. Salinas 5543 Collister Cr. Bolse ID 83703	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):
	Secretary of State use only
gnature: Surves L. Salinas	IDANO SECRETARY OF STATE 96/94/2004 95:00

IDAHO SECRETARY OF STATE 96/94/2004 95:00 CK: 8414 CT: 158010 BH: 748805 1 0 25.00 = 25.00 ASSUM NAME # 2