CERTIFICATE OF ASSUMED BUSINESSERECTIVE (Please type or print legibly. See instructions on reverse.) FATE STATE OF IDALIO MAY IN AM 9: 12

	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, th	ne <u>undersigned</u> ur STATE
1.	The assumed business name which the u business is:		÷ - 8
	Maxine's CRCATIONS a	nd ma	976
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Maxine Anders		omplete Address -lolly of mountain Hame
			2 3648 11000 FEIN 11000 F
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade	F	ransportation and Public Utilities inance, Insurance, and Real Estate fining
4.	The name and address to which future Phone number (optional): 208 832 4179 correspondence should be addressed:		
	Mexico Anders		Submit Certificate of
	4555A Hoilly of Mountain		Assumed Business Name and \$20.00 fee to:
	Home AFB 10 83648		Secretary of State
5.	Name and address for this acknowledgme	ent	700 West Jefferson Basement West
	COPY is (if other than # 4 above):		PO Box 83720
			Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		Revision 12/89	IDANO SECRETARY OF STATE
Signature: The state of the sta		Revis	05/10/2001 09:00 CK: 2387 CT: 146187 BH: 396293
Printed Name: Mcxxxxx Anders		59	1 @ 20.00 = 20.00 ASSUM NAME # 2
Capacit	V: president	тр Котта на при пред пред пред пред пред пред пред пред	
	(see instruction # 8 on back of form)	\$d	D/15271

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