CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reversible FFECT)  To the SECRETARY OF STATE, STATE OF IDAHO  APR 23  AN IO. 1				
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the indersigned gives notice of adoption of an Assumed Business Maine OF STATE				
1.	The assumed business name which the undersigned use(s) in the transfection of business is:			
	Deauty in a F	Basket		
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	LOIS Weber 6	Cor 2002 Pennsyl	nplete Address Vanua Ave., Lineur d'Alene, ID	
	13 .		oks Rd., Medical Lake, WA	
3.	The general type of business transacted un (mark only those that apply)	nder the assu	med business name is:	
	☐ Retail Trade ☐ Manufacturin ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	The name and address to which future F correspondence should be addressed:	hone numbe	(optional):(208)765-2504	
	Lois Weber 2102 Pennsylvania Ave.		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:	
	Coeur d'Alene, ID 83814		Secretary of State	
5.	Name and address for this acknowledgment copy is (If other than #4 above):	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		9	Secretary of State use only	
Signatu	re: HOW Work	Revision 12/99	IDAHO SECRETARY OF STATE	
Printed Name: Lois Weber		\$9 <b>0</b>	04/24/2001 09:00 CK: 2189 CT: 145440 BH: 392974	
Capacity: President (see instruction #8 on back of form)			1 0 20.00 = 20.00 ASSUM NAME # 2	
(see instruction # 6 on back of form)				

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