

## 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 filing.



The state of the s	TE MING.
The assumed business name which the under business is:	
Touch of Co	ountry
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  L. Kay Counsil	of the entity or individual(s) doing  Complete Address  4318 S. Ploylda Aug.  CAldwell, ID 83705
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	and Public Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  4318 S Florida Aue Caldwell, JD 83705	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  Same As Shore	Phone number (optional):  208 - 454 - 6545  0x 377 - 7155 ('www.k')
	Secretary of State use only
Signature:	IDANO SECRETARY OF STATE 26/11/2002 05:00
(see instruction # 8 on back of form)	IDANO SECRETARY OF STATE  96/11/2002 05:00  CK: 2853 CT: 158810 BH: 471855  1 8 28.88 ASSUM NAME # 2