CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idah gives notice of adoption of an As	
 The assumed business name which the und business is: 	lersigned use(s) in the transaction of
MICHELLE'S MAGIC FINGERS	
2. The true name(s) and business address(es) business under the assumed business nam Name MICHELLE LUCIDO 35	• • • • • • • • • • • • • • • • • • • •
The general type of business transacted uncommark only those that apply)	der the assumed business name is:
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	Transportation and Public UtilitiesFinance, Insurance, and Real EstateMining
The name and address to which future Pt correspondence should be addressed:	none number (optional):
MICHELLE LUCIDO 356 PONDEROSA Rd. SAGLE, ID 83860	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 -208 334-2301
	Secretary of State use only IBAHO SECRETARY OF STATE
Signature: Mishelle Fucido	E 28.88 = 28.88 ASSIM HAVE 1 2
Printed Name: MICHELLE Lucido	
Capacity: SOLE PROPRIATOR	D 2556/