

Capacity/Title: Nune

(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. 2004 MAY -5 AM 9: 29

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE

The true name(s) and business address(as) of the content of the c	au Devign
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name SING LESIUME Promise	Complete Address South Sanny Starry, Id 83805
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Mare St. Hair Design Po Bar 76 Ranners Terry Ld 83805	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
Signature: Signature required Printed Name: Signature 1 Signature required Printed Name: Signature	IDAHO SECRETARY OF STATE 95/96/2004 95:200 CK: 1483 CT: 158010 BH: 743404