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

To the SECRETARY OF STATE, STATE OF IDAHGN 28 AM 11: 03
Pursuant to Section 53-504, Idaho Code, the undersigned ALE

gives notice of adoption of an 1. The assumed business name which the business is:	n Assumed Business Narrie ^{ARU} undersigned use(s) in the transaction of
THE KID'S DIRECTOR	Y of Boise
The true name(s) and business address(business under the assumed business named)	(es) of the entity or individual(s) doing name is/are:
Name	Complete Address
Michele Hill	PMB224 5120 W. OVERLANDRASTEC
	Boise, ID 83705
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estat
4. The name and address to which future correspondence should be addressed: Michelettil	Phone number (optional): 859-3080
PMB 224 SIZO W Overland Rd	Submit Certificate of Assumed Business
Boise 10 83705	Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	SOMNIO WEEKER REALIGICARY PUTEN
gnature: Michele Free	©1/28/2000 09:00 CK: 1011 CT: 125868 BH: 285205 1 8 28.00 = 20.00 ASSUM NAME # 2
inted Name: Michelethill	_
apacity: Associate Publisher	D 32578

(see instruction # 8 on back of form)