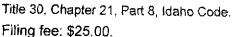
CERTIFICATE OF ASSUMED BUSINESS NAME

2017 JAN -3 AM 10: 38

FILED EFFECTIVE



1. The assumed business name which the undersigned use(s) in the transaction of business is: Classical Conversations Post Falls 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Joanna Lewis 4829 W Palmwood Ln Post Falls, ID 83854 (Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Wholesale Trade Agriculture Minina Services Manufacturing Finance, Insurance, and Real Estate 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY is (if other than # 4): Joanna Lewis Same As #4 (Name) (Name) 4829 W Palmwood Lane (Address) (Address) Post Falls, ID 83854 (City) (State) (Zipcode) (City) (State) (Zipcode) Printed Name: Joanna Lewis Secretary of State use only Signature: 1/17/1/1/1/1/1/20 IDAMO SECRETARY OF STATE Printed Name: 01/03/2017 05:00 CK: 2728 CT: 158010 BH: 1562102 Signature: 1@ 25.00 = 25.00 ASSUM NAME #2

10 191235

Printed Name:

Signature: