	CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME See Instructions on reverse.)	
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	Assumed Business Name. Co. STATE	
1.	The assumed business name which the undersigned use(s) in the transaction of business is: Un forgetable Collectables		
2.	The true name(s) and business address(e business under the assumed business na Name Un forgetable Callectables		
		1124 Adeline Ave., Coeur D'Alene, Id.:83814	
3.	The general type of business transacted unique (mark only those that apply)	inder the assumed business name is:	
+	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate	
4.	The name and address to which future Phone number (optional): 667-4596 correspondence should be addressed:		
	1124 Adeline Ave. Coeur D'Alene, Id. :83814	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jefferson	
		INTO SECRETARY OF STATE	
Signatu	Name: Mark W. Horton	65/68/2000 69:00 CK: 1794 CT: 138797 BH: 315921 1 0 28.00 = 20.00 ASSUM NAME # 2	
		D35602	
Capaci	ty: Principal Owner/Operator		

(see instruction # 8 on back of form)