CERTIFICATE OF
ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

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

FILED EFFECTIVE

05 SEP 26 PM 1:25

SEC____ ___ STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Sublime Touch

2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Amanda Welch	521 Whitecloud Boise ID 83709

3. The general type of business transacted under the assumed business name is:

   - [x] Retail Trade
   - [ ] Wholesale Trade
   - [x] Services
   - [ ] Manufacturing
   - [ ] Finance, Insurance, and Real Estate
   - [ ] Transportation and Public Utilities
   - [ ] Construction
   - [ ] Agriculture
   - [ ] Mining

   > Submit Certificate of Assumed Business Name and **$25.00** fee to:
   >
   > Secretary of State
   > 700 West Jefferson
   > Basement West
   > PO Box 83720
   > Boise ID 83720-0080
   > 208 334-2301

4. The name and address to which future correspondence should be addressed:

   Amanda Welch
   521 Whitecloud
   Boise ID 83709

5. Name and address for this acknowledgment copy is (if other than # 4 above):

   Phone number (optional):
   (208) 377 0849

Signature: Amanda Welch
(signature required)

Printed Name: Amanda Welch

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003