

## 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.

2005 MAR -7 AM 9: 06

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SEUNLIANT STATE OF IDAHO

1. The assumed business name which the undersignation business is:  Gallery, Gift & Gou	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Debra LLEY  Mark Jolley  3. The general type of business transacted under the business address(es) of the business name:  Name  Debra LLEY  Section 12  Mark Jolley  3. The general type of business transacted under the business address(es) of the business name:  Name	Complete Address  O E. IDAHO AUE POBOX 542  HOMEDALE, ID. 83628  ame)
Retail Trade	
Signature: Mark Journ required: Printed Name: Mark Journ (signature required)  Capacity/Title: Partner (see instruction # 8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE  23/27/2025 95:00  CK: 7898235838 CT: 158010 BH: 79688