

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.

03 SEP 22 PM 2: 30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

D69124

| The assumed business name which the undersigned business is: A Breath of Heal | duse(s) in the transaction of Ceremonial Leno Dove 3 Peleases |
|---|--|
| 2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Lisa Knight Brian Knight Name | Complete Address |
| 3. The general type of business transacted under the a Retail Trade | |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): Secretary of State use only |
| Signature: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | IDAHO SECRETARY OF STATE 99/23/2003 05:00 CK: 6188 (: 158010 BH: 702988 1 @ 25.00 = 25.00 ASSUM NAME # 2 |