CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO DEC 15 4 20 PN 100 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of TE business is:	
KATIE'S PERSONAL Touch Cle	Aning STRUICE
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>	
Name KATHI C. AMADO 1803	<u>Complete Address</u> HELEA St Bause FD 83705
······	
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade       Manufacturing       Transportation and Public Utilities         Wholesale Trade       Agriculture       Finance, Insurance, and Real Estate         Services       Construction       Mining	
4. The name and address to which future Phone number (optional):208(344-5595 correspondence should be addressed:	
KATIE AMANO	Submit Certificate of
1803 HELEN St	Assumed Business Name and <b>\$20.00</b> fee to:
BOISE, ID 83705	Secretary of State
5. Name and address for this acknowledgment	700 West Jefferson Basement West
COPY IS (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080
·	208 334-2301
	Secretary of State use only
Signature: Karka A har b	IDAHO SECRETARY OF STATE
Oignature. / party (. Which C	12/18/2000 09:00 CK: CASH CT: 139692 BH: 367895
Printed Name: KATH C. Hmado	1 @ 20.00 = 20.00 ASSUM MANE # 2
Capacity: <u>Owner</u> (see instruction # 8 on back of form)	D41229