CER1	IFICATE	OF ASSI	JMED	BUSINESS	NAME
	(Please type o	r print leaibly	See instr	uctions on rovers	

To the SECRETARY OF STATE, STAP Pursuant to Section 53-504, Ida gives notice of adoption of an Ast 1. The assumed business name which the unbusiness is:	ho Code, the undersigned 2 AM 10: 38 mssumed Business Name.				
3 m's Creations					
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
Maria I Axeltow	Complete Address O.O. BOX 147 Glenns Ferry ID				
	10. Box 147 GICNNS Ferry ID 83623				
The general type of business transacted un (mark only those that apply)	nder the assumed business name is:				
Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining				
 The name and address to which future Pi correspondence should be addressed: 	hone number (optional):(208)366-7998				
3 m's Creations P.O. Box 147	Submit Certificate of Assumed Business Name and \$20.00 fee to:				
5. Name and address for this acknowledgmen copy is (if other than # 4 above): Maria T. AXE/for and	PO Box 83720 Boise ID 83720-0080 208 334-2301				
MIKE J. AXE /tow P.O. BOX 147	Secretary of State use only				
Glenns Ferry ID 83623	IDAHO SECRETARY OF STATE 02/02/2001 09:00 CK: 1859 CT: 141713 PM: 276614				
Signature: Maria & Azelten	1 @ 20.00 = 20.00 ASSUM NAME # 2				
Printed Name: Maria I AXE/HOW Capacity:	28 C 1 2 3 3 9				
· ''''7'	F (1452)				

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(see instruction # 8 on back of form)