

Capacity/Title: VICe

(see instruction #8 on back of form)

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

02 JUN -3 PM 4: 17

STATE OF IDAHO

1. The assumed business name which the undersignum business is: ALL ABOUT DESIGNS	gned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name Terri Leach Ken Liston	Complete Address N Mpole Grove Boise Ti) 83200 Same
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 408 Mark Grow Boise Trade Transportation and Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Printed Name: Terri M Leach Printed Name: Terri M Leach	IDAHO SECRETARY OF STATE 66/03/2002 95:20 CK: 1882 CT: 153568 BH: 469487 1 8 28.88 = 28.88 ASSUM NAME # 2

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