FILED EFFET



Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2004 MAR 15 AM 9: 09

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Alchymia 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Katrina Mikiah P.O. Box 9512 Moscaw ID 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of **Assumed Business** Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only MYZZC Signature: Katrina Mikiah

Printed Name: Katrina Mikiah IDAHO SECRETARY OF STATE 03/16/2004 05:00 CK: 1289 CT: 158010 BH: 733347