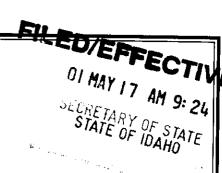


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



1. The assumed business name which the und business is: SHERRYS ARTIS	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name SHARON AGARWAL	Complete Address 900 WINDROW CIRCLE IDAHO FALLS ID 83404
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services-ARTIST Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ler the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: SHARON AGARWAL 900 WINDROW CIRCLE 1DA HO FALLS 1D 83 YO Y 5. Name and address for this acknowledgment copy is (if other than #4 above):	
Signature: SHARON AGARWAL	Secretary of State use only IDAHO SECRETARY OF STATE ### 15/17/2001 ### 397724 1 8 28.86 = 28.88 ASSUM NAME # 2
Capacity: <u>OWNER</u>	g-toorpife Re
(see instruction # 8 on back of form)	1 "

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