

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

98 SEP -9 PM 2:09

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

A Gift of Touch

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Kelly Ray Willis</u>	<u>310 Lois St., Twin Falls ID 83301</u>
<u>Kelly Ray Willis</u>	<u>12 E Walnut St., Hailey, ID 83333</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

A Gift of Touch
310 Lois St.
Twin Falls, ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Kelly Ray Willis

Printed Name: Kelly Ray Willis

Capacity: OWNER / PRESIDENT

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
Secretary of State use only
09/09/1998 09:00
CK: 154 CT: 103706 BM: 143755

1 @ 20.00 = 20.00 ASSUM NAME

#D 18169

Revision 2/87 5 Corporations/bn pm6