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FILED FEFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2008 JAN -2 AM 8: 00

STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

A Touch of Hea	ven Butterflies
The true name(s) and business address(es) business under the assumed business name Name Lisa Knight	of the entity or individual(s) doing : Complete Address 2505 W. Orchard Ave., Nampa, ID 83651
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: A Touch of Heaven Butterflies 2505 W. Orchard Ave. Nampa, ID 83651 5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
copy is (if other than # 4 above): Second	Secretary of State use only IDAHO SECRETARY OF STATE 1/02/2008 05:00 CK: 1403039 CT: 172099 BH: 109244 1 25.00 = 25.00 ASSUM NAME #

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