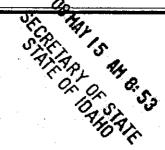


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



 Simply Organize Everything The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: 			
		Name	Complete Address
		Cynthia A. Julian	1808 N Bramble Ln Idaho Falls, ID 83402
	The state of the s		
	Per de la companya del companya de la companya del companya de la		
3. The general type of business transacted und	er the assumed business name is:		
Retail Trade	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		
gnature: Cynthia A. Julian nted Name: Cynthia A. Julian	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF SEC		
apacity/Title: Owner	IDAHO SECRETARY OF S		
(see instruction # 8 on back of form)			

1 0 25.88 = 25.88 ASSUM NAME # 2