CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Id gives notice of adoption of an	laho Code, the undersigned AM 10: 16
 The assumed business name which the ubusiness is: 	indersigned use(s) in the transaction of
TETON CHILDRENS CL	OTHING
The true name(s) and business address(e business under the assumed business name).	ime is/are:
<u>Name</u>	Complete Address
Santos REYNALDO" Chapeton 8	36 DEER DR. P.C. Box 481 Victor, Id 83455
3. The general type of business transacted unark only those that apply)	under the assumed business name is:
 X Retail Trade X Wholesale Trade X Services Manufacturir Agriculture Construction 	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): (208)787-1010
P.O. Box 585	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature:	2 03/08/2001 09:00 CK: 964 CT: 143281 DH: 383389
Printed Name: Santos Reynaldo Chapeto	1 0 20.90 = 20.00 ASSUM NAME # 2
Capacity: (See instruction # 8 on back of form)	50 1 2 20.00 = 20.00 RSSUN NAME # 2