CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned 2005 MAY 16 Pil 2: 16

Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE OF WAND
1. The assumed business name which the undersigned business is: Saffon Custom Pots	_
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Kistin Erin Don 1328 Bois	Complete Address 3 W. Foliage Ct. 12 B3713
3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Kistin F. Dunc 13283 W. Foliage Ct. Baise ID 83713	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208 - 898 - 0910
	Secretary of State use only
Signature: (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 95/17/2005 95 # 90 CK: 1173 CT: 15800 BN: 848674

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