

Capacity/Title: President

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

CA A	submits for filing a certificate of Assumed Busine	
	Please type or print legibly. NOTE: See instructions on reverse before file	ng. STATE OF IDAHO
1. TI bu	he assumed business name which the undersiusiness is: Originality with Pers	
bı		Complete Address OR Kristen Way eridian, ID 83642
3. TH [[[[[Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
00 و غ	ne name and address to which future orrespondence should be addressed: DACDACA DINELLI ROODKNISTEN Way Meridian, ID 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	lame and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
-		Secretary of State use only
Signature Printed N	(signature required)	

IDAHO SECRETARY OF STATE

02/27/2003 05:00

CK: 8262 CT: 158010 BH: 665488
1 0 20.00 = 20.00 ASSUM NAME # 2