

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 08 AUG - 1 AM 8: 27

SECRETARY OF STATE STATE OF IDAHO

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

The Glass Slipper Flip Flops	
The true name(s) and business address(es) business under the assumed business name Name Debra M. Riordan	
The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction	ler the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Debra M. Riordan	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
3711 N. 22nd St.	(208) 334-2301
Coeur d'Alene, ID 83815	
. Name and address for this acknowledgmen copy is (if other than # 4 above):	t
	Secretary of State use only
iture: Del Runda (signature required)	18 add 04/2003

IDAHO SECRETARY OF STATE

98/01/2008 05:00

CK: 1042 CT: 158010 BH: 1129718
1 % 25.00 = 25.00 ASSUM NAME # 2