Capacity: Sole Dead

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FIL (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHOS FEB 17 11 11 13 Pursuant to Section 53-504, Idaho Code, the undersigned F STATE gives notice of adoption of an Assumed Business Ther IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Michele's Custom Des 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Michele Munson 1302 Blaine Caldwell Id 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate X Services Construction Minina 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: michele Munson Submit Certificate of Assumed Business Blaine Name and \$20.00 fee to: Caldwell Idano 83605 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 I SARCI SECKET ART 19 USE OFFIN 02/17/1998 09:00 CX: 543614681 CT: 94386 BH: 82442 Signature: 1 Dichel 1 8 20.00 = 20.00 ASSUM NAME Printed Name: Michele Munson

1)12204