

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FEB 14 PM 1:32

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Tokens of Affection

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Mark E. Easley

5401 S. Power Line Rd

Nampa, ID 83686

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Dr. Mark E. Easley
5401 S. Power Line Rd
Nampa, ID 83686

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-484-2425

Signature: Mark E. Easley

(signature required)

Printed Name: Mark E. Easley

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn form\slabn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
02/14/2005 05:00
CK: 1006 CT: 150010 BH: 793042
1 @ 25.00 = 25.00 ASSUM NAME # 2

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