CERTIFICATE OF ASSUMED BUSINESS MAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53, 504, Idaho Code, the undersigned

	To the SECRETARY OF STATE, ST Pursuant to Section 53-504, lo	daho Code, the	undersigned ? ?.	
1.	gives notice of adoption of an The assumed business name which the business is:		$\mathcal{O}_{\mathcal{A}_{1}^{*}, I_{1}, \ldots}$	
	TWICE NICE			
2.	• • • • • • • • • • • • • • • • • • • •	true name(s) and business address(es) of the entity or individual(s) doing ness under the assumed business name is/are:		
	<u>Name</u>	Complete Address		
	VERA HARDER	206 W. MAIN ST.		
		EMMETT,	Id. 83617	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade	Ein.	insportation and Public Utilities ance, Insurance, and Real Esta ning	
4.	. The name and address to which future Correspondence should be addressed:			
	VERA HARDER 206 W. MAIN ST.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	EMMETT, Id. 83617		Secretary of State	
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	nent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		86/7	Secretary of State use only IDAHO SECRETARY OF STATE	
Signatu	ire: Vera Harder	Revision 12/99	06/15/2000 09:00 X: 206 CT: 132413 BH: 326545	
Printed Name: VERA HARDER			1 & 28.80 = 28.88 ASSUM NAME # 2	
Capacity: <u>OWNER / MANAGER</u> (see instruction # 8 on back of form)		prpVorms\abn.p65	0 36656	