CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

TO FO	Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the	undersigned = 3 81 5 52	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	My Favorite Lil' Gift Sh	100		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Melissam, taylor 1905 E		Complete Address Noh Ave Lewiston ID	
3.	The general type of business transacted un (mark only those that apply)	ider the assu	med business name is:	
	Retail Trade Manufacturing Monufacturing Agriculture Construction	Final Hina	•	
4.	4. The name and address to which future correspondence should be addressed:			
	melissa Taylor 1905 Birch Ave Pobox-1	964	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Lewiston ID 83501	•	Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt .	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		8	Secretary of State use only INAHO SECRETARY OF STATE	
Signati	ure: Melion Miayton	Revision 1/98	11/04/1999 09:00 CK: 6924 CT: 122545 BH: 263522	
Jigilat			1 B 24.88 = 28.88 OSSIR NONE # 2	

Printed Name: Met: SSq M- Taylor

Capacity: Owner

(see instruction # 8 on back of form)

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