CERTIFICATE OF ASSUM (Please type or print legibly.	
To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal gives notice of adoption of an As	
 The assumed business name which the un business is: 	
Country Charm	
The true name(s) and business address(es business under the assumed business name and the second secon	ne is/are:
COUNTRY CHARM LLC. (warran)	Complete Address 1900 6. MM. Hone TO 83647
The general type of business transacted un (mark only those that apply)	der the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future P correspondence should be addressed:	hone number (optional): 557 (do 55
190 n. ancest.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDANO SECRETARY OF STATE
Signature:	29/20/1999 09:00 CX: 3843 CT: 128725 BH: 251316 1 0 20.00 = 20.00 ASSUM NAME # 3
Printed Name: LAXA SMITH	D 29331
Canacity:	1 20 20

(see instruction # 8 on back of form)