CERTIFICATE OF ASSUMED BUSINESS TAME (Please type or print legibly. See instructions on reverse.) EFFECT	
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  The Garlic Garden	
2. The true name(s) and business address(s) business under the assumed business name  CAROL Factor  Manager  M	es) of the optity or individual (1)
3. The general type of business transacted under the assumed business name is:    Retail Trade	
The Garlic Garden R+2 Box 89A  Hamedale Icl 83628  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Auth Milas  Printed Name: Andrea Milas  Capacity: General Partner  (see instruction # 8 on back of form)	Secretary of State use only  1DAHO SECRETARY OF STATE  63/68/2666 69:66  CK: 365 CT: 127856 BH: 297663  1 6 26.86 = 26.66 ASSUM NAME # 2
	(CO) (B)