

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned to business is: A VICTORIAN AFFAIRI	E
The true name(s) and business address(es) of the en business under the assumed business name: Name SAMANTHA K. WOOD	Complete Address 3929 Homestead Road Homedale, Idaho 83628
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Samantha K. Wood 3929 Homestead Road	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
Homedale, Idaho 83628 5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): Secretary of State use only
Signature: Sumantha L. Word Printed Name: Samantha K. Wood Capacity/Title: Owner (see instruction # 8 on back of farm)	IDANO SECRETARY OF STATE 07/20/2005 05:00 CK: 576267 CT: 172099 BH: 82230 1 0 25.00 = 25.00 ASSUM NAME #