Capacity: //w/

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 99 CCT 25 73 10: 45 To the SECRETARY OF STATE, STATE OF IDAHO 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: Crafters Hollow 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Jill F. STEllmon 11630 N. Pinetree Rd 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 28-772-6274 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 as #4 above 208 334-2301 I SACTO SEEKE FAST OF USE OFFI 10/25/1999 09:00 CK: 1237 CT: 188233 BH: 268553 Signature (28.88 = 28.88 ASSUM NAME # 2 Printed Name: \

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