

Capacity/Title: Sole

## CERTIFICATE OF ASSUMED BUSINESS NAME

2007-AUG-6 PH 2 56

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

113924

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of -YNNS' Healing Arts and other Artistic business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name Cora LYNN MONTAGUE 3. The general type of business transacted under the assumed business name is: Artist - re-sell to other businesses Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$25,00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 LYNN MONTAGUE Boise ID 83720-0080 tairway LN.#17 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment 208-699-3831 CODY IS (If other than # 4 above): Secretary of State use only Signature: IDAHO SECRETARY OF STATE 08/06/2007 05:00 CK: 967 CT: 158618 MH: 1869217 25.08 = 25.08 ASSUM NAME # 2 Printed Name: \_(