

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

2003 NOV -7 AM 8: 39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Everlas	ting Memories
The true name(s) and business address(e business under the assumed business na Name	
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Katie Rose Olsen	Secretary of State 700 West Jefferson Basement West PO Box 83720
2235 12th Street #E-139 Idaho Falls, ID 83404	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm copy is (if other than #4 above). 	nent Phone number (optional): 208-552-2019
	Secretary of State use only
ignature: <u>Katue Rose Olsen</u> rinted Name: <u>F411e Rose Olsen</u> apacity/Title: <u>DWNEV</u> (see instruction #8 on back of form)	1DAHO SECRETARY OF STATE 11/07/2003 05 = CK: 1059 CT: 158010 BH: 71 1 2 25.00 = 25.00 ASSIM NO

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