

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 2005 00T 19 AM 9: 01

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

SECREMENT OF STATE STATE OF DODG

92779

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

(see instruction # 8 on back of form)

The assumed business name which the undersigned business is:  HEAVENY Touch	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  PAM SULASIA	entity or individual(s) doing  Complete Address  FAIIS AVE Suite 38  IN FAIIS TOAKC 83341
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  PAM SUPPSEM  THE FAILS AND SUPE 36  TWO FAILS TOAKO 83301	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  (208) 7:31-4245  Secretary of State use only
Signature Signat	IDAHO SECRETARY OF STATE 10/19/2005 05:00 CK: 2935 CT: 158010 BH: 917688 1 8 25.00 = 25.00 ASSUM NAME #