



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 JUL 28 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Madame Toussaint Designs

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Theresa F. Tourigny

155 Tautphaus Dr. Idaho Falls, Idaho 83402

Peter R. Tourigny

155 Tautphaus Dr. Idaho Falls, Idaho 83402

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

Theresa F. Tourigny

155 Tautphaus Dr.

Idaho Falls, Idaho

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-569-3144

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Theresa F. Tourigny

Capacity/Title: Owner/ Sole Proprietor

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
07/28/2006 05:00
CK: 1403 CT: 150010 RH: 967176
1 @ 25.00 = 25.00 ASSUM NAME # 2