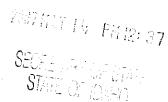
CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.



Timeless Weddings or	
2. The true name(s) and business address(described business under the assumed business name Name Kellie Mechan	
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities n Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 402 S 1300 W Pingree, W 83262	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge copy is (if other than # 4 above):	nent Phone number (optional): 208-680-1732
	Secretary of State use only

Signature Kellil J L Printed Name: Kellie Mechar

Capacity/Title: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE **05/14/2007 05:00**CK: 1838 CT: 158010 BH: 1053342 1 8 25.00 = 25.00 ASSUM NAME # 2