	CERTIFICATE OF ASSU (Please type or print legibly.) To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	See instruction TE OF IDAH(The Code, the Tessumed Busi	ns on reverse.) MAR
1.	The assumed business name which the unbusiness is: Gifts and thing:		se(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	DIANA HIGGINS	1800 10	molete Address Mocust Gove Ste D 312 Meridian ID 83642
3.	The general type of business transacted un (mark only those that apply)	inder the assu	ımed business name is:
	Retail Trade	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:		
	1800 N Locust Corone 5TO		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Meridian ID 83642 Name and address for this acknowledgment copy is (# other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		807	Secretary of State use only IDAHO SECRETARY OF STATE 63/11/1998 69:60 CX: CASH CT: 89563 M: 89799
Signatu	ure: Wesne Higgins		CX: CASH CT: 89563 DN: 89799
	Name: DIADR HIGGINS ity: NWNER	250 rate	01285-9

(see instruction # 8 on back of form)