



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 JUN 29 P 2:46

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Baby Pearl Holdings, [REDACTED]

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

Lorinda Dea Buster

702 West Idaho, Ste. 1000, Boise, ID 83702

Scott Frank Barnard

702 West Idaho, Ste. 1000, Boise, ID 83702

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Baby Pearl Holdings, LLC

702 West Idaho, Ste. 1000

Boise, ID 83702

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

Phone number (optional):

208-472-8843

Secretary of State use only

Signature: _____

Lorinda D. Buster
(signature required)

Printed Name: _____

Lorinda D. Buster

Capacity/Title: _____

Partner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
06/29/2004 05:00
CR: 1 CT: 150010 BH: 753069
1 @ 25.00 = 25.00 ASSUM NAME # 2