Capacity: <u>nwnEn</u>

(see instruction # 8 on back of form)

TFICATE OF ASSUMED DUDITAL (Please type or print legibly. See instructions on reverse) CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. L 1. The assumed business name which the undersigned use(s) in the transaction of business is: Memorable Impressions 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Harrison 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): (208) 887-97 correspondence should be addressed: Margaret C. Harrison Submit Certificate of Assumed Business Name and \$20.00 fee to: Meridian, 1D 83642 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only 11/09/1998 09:00 CK: 5783 CT: 186584 BH: 159938 Signature: M. Harrison 1 8 28.08 = 20.00 ASSUM MANE # 2 D-19755 Printed Name: MARAGRET C. HARRISON