

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.



00 DEC 29

STATE OF IDAHO

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

AMBERS GIFT Shoppe.com

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
<u>TIMOTHY G. TOMLINSON</u>	<u>355 BRACKEN ST. NORTH, TWIN FALLS, IDAHO 83301</u>
<u>LORI L. TOMLINSON</u>	<u>355 BRACKEN ST. NORTH, TWIN FALLS, IDAHO 83301</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

AMBERS GIFT Shoppe.com
Tim & Lori Tomlinson
355 BRACKEN ST. NORTH
TWIN FALLS, IDAHO 83301

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

SAME

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Timothy G. Tomlinson / Lori Tomlinson

Printed Name: TIMOTHY G. TOMLINSON
LORI L. TOMLINSON

Capacity: OWNERS

(see instruction # 8 on back of form)

Revision 2/97 g:\corp\forms\abn.pmf

Secretary of State use only
IDaho SECRETARY OF STATE

12/29/2000 09:00
CK: 1551 CT: 140100 BH: 369074

1 @ 20.00 = 20.00 ASSUM NAME # 2

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