Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of EAST-FECTIVE) To the SECRETARY OF STATE, STATE OF IDAHO 01 MAY 21 AM 10: 51 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Thame UF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: n site LA Cifts & Novelties 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 P.O. Box 262 Sagle, ID 83860 Laura J. Allen 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 Minina 4. The name and address to which future Phone number (optional): <u>208-265-580</u>5 correspondence should be addressed: Laura J. Allen Submit Certificate of Assumed Business P.D. Box 262 Name and \$20.00 fee to: 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 Same as #4 alrow 208 334-2301 SPANO SPLICE STATE OF STATE 05/22/2001 09:00 CK: 1552 CT: 146673 PM: 398493 Signature: 1 1 0 20.00 = 20.00 ASSUM NAME # 2 1745-487 Printed Name: Laura J