CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
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.	
1. The assumed business name which the undersigned use(s) in the transaction of the business is:  Solavie DAY SPA	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Shave Roberton Roberton Roberton Sun Vacer, ID 83353	
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade	
SOLAVIE CORPORATION P.O. BOX 411	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
50N VALLEY, ID 83353  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only  IDAHO SECRETARY OF STATE  O1/13/1998 09:00  CK: 1116 CT: 91543 BH: 72498
Printed Name: PAMELA G. BUNCE  Capacity: PLESIDENT  (see instruction # 8 on back of form)	1 @ 28.00 = 28.00 ASSUM MANE