CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

FILED FECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 26

	The assumed business name which the undersigned use(s) in the transaction of business is: SHOE FLY FOOTWEAR The true name(s) and business address(es) of the entity or individual(s) doing	
	business under the assumed business n	ame is/are:
	<u>Name</u>	Complete Address
	North & Company, Inc.	P.O. Box 550 Hailey, ID 83333
	C 84756	_nailes, in 0000
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:
	Retail Trade	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed: Mr. Roger Fleenor P.O. Box 550 Hailey, ID 83333	Phone number (optional): Submit Certificate of Assumed Business
5.	Name and address for this acknowledgme 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
Signatu	re: Square Roger Fleenor	Secretary of State use only IDANO SECRETARY OF STATE G6/26/2600 69:00 CK: 8815 CT: 15935 BH: 329385 1 9 28.86 = 28.86 ASSUM NAME # 2