

FILED



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

JAN 6 4 02 PM '98

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

gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

ABOUT ECSTASY

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

Jennifer Marie Bruce

5120 W. Overland Rd. Ste. C-173

Maxine Hope Grizzian

Boise, Id. 83705

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

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

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

Phone number (optional): (208) 336-6710

J. M. Bruce

5120 Overland Rd. Ste. C-173

Boise, Id. 83705

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

NA

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

Secretary of State use only

IDAHO SECRETARY OF STATE

01/06/1998 09:00
CK: CASH CT: 92147 BH: 78253

1 @ 20.00 = 20.00 ASSUM NAME

D 10962

Signature:

Maxine H. Grizzian

Printed Name:

Maxine H. Grizzian

Capacity:

General Partner/President

(see instruction # 8 on back of form)

Revision 1/88
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