

Capacity/Title:_

OWNER. (see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

10 MAR -3 AM 11:31

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

RECYCLED JEWELRY BY	REGINA
2. The true name(s) and business address(e business under the assumed business name Name REGUIA H. Smith	s) of the entity or individual(s) doing me: Complete Address 2930 LANCASTER DRIVE Boise TD 83702
3. The general type of business transacted under the second secon	n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 2930 LANCASTER DA. Botse TO 83702	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
Signature: Regneture required) Printed Name: Printed H. Sm. H.	ad 04/2003