

CERTIFICATE OF

ASSUMED BUSINESS NAME

OTHER

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

submits for filing a certificate of Assumed Business Names TATE OF OF STATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

President

(see instruction # 8 on back of form)

Capacity/Title:

Melody Alp	aca Boutique
The true name(s) and business address(es) business under the assumed business nam Name Karen S.Y. Lee	e: Complete Address
raien 3. f, Lee	5435 W. Citruswood Drive
	Post Falls, ID 83854.
The general type of business transacted und	der the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Karen S.Y. Lee 5435 W. Citruswood Drive	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Post Fallis, ID 83854.	
. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt .
Same as the above.	
	Secretary of State use only
	F.,,

CT: 158818 M: 1898843 * 25.88 ASSUM MARE # 2