

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO AUG 16 AM 8:48
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name. STATE OF IDAHO

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

ADDED Touch by Kathy

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
<u>KATHERINE L. REED</u>	<u>4855 Comish Dr. IDA FALLS, ID 83406</u>
_____	_____
_____	_____

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:

4855 Comish Dr.
IDA FALLS, ID 83406

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

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

Signature: Katherine L. Reed

Printed Name: KATHERINE L. REED

Capacity: PRESIDENT

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE only

09/01/2000 09:00
CK: 1365 CT: 83533 IN: 345735

1 @ 20.00 = 20.00 ASSUM NAME: 1 2

D38648

Revision 2/97

g:\corp\forms\abn.pmf