

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFFECTIVE**  
00 SEP 29 AM 8:46  
SECRETARY OF STATE  
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

CHRISTINE'S CLOTHIER AT THE PARIS

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

GIFT CELLAR, INC.

124 Main Ave. N.  
Twin Falls, ID 83301

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

<input checked="" 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 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): \_\_\_\_\_

Katherine Hanifen  
124 Main Ave. N.  
Twin Falls, ID 83301

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

Benoit, Alexander, Sinclair, Harwood & High LLP  
126 Second Avenue North  
P.O. Box 366  
Twin Falls, ID 83303-366

Signature: Katherine Hanifen

Printed Name: Katherine Hanifen

Capacity: Director

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 30020

Boise, ID 83720-0020  
208 334-2501

1 @ 20.00 = 20.00 ASSUM NAME # 2

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