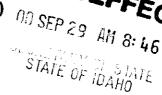
CERTIFICATE OF ASSUMED BUSINESS NAMED EFFECTIVE OF PRINT legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) つり SEP 29 Aは 8: 46

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:

N	la	m	١E	

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)

[X] Retail Trade	[] Manufacturing	[] Transportation and Public Utilities
[] Wholesale Trade	[] Agriculture	[] Finance, Insurance, and Real Estate
[] Services	[] Construction	[] Mining

4. The name and address to which future Phone number (optional): correspondence should be addressed:

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

5. Name and address for this acknowledgement CODY 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

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 1964 28 CRETARY OF STATE 208 354221601CT: 2053 BH: 351462 1 9 20.00 = 20.08 ASSUM NAME # 2

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