

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 MAY 13 AM 8: 54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

Karizma Desktor	p Publishing
2. The true name(s) and business address(es) or business under the assumed business name:	f the entity or individual(s) doing
Name	Complete Address
Kim L. Edwards	P.O. Box 277
James T. Edwards	Sandpoint, Idaho 83864
3. The general type of business transacted unde  Retail Trade Transportation ar	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Karizma Desktop Publishing	Basement West PO Box 83720
P.O. Box 277	Boise ID 83720-0080
Sandpoint, ID 83864	208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than #4 above).</li> </ol>	Phone number (optional):
	Secretary of State use only
gnature: <u>Xim Ledwards</u>	IDAHO SECRETARY OF STATE  95/13/2004 05:00  CK: 1899 CT: 154818 BH: 74475
nted Name: Kim L. Edwards	IDAHO SECRETARY OF STATE  95/13/2004 05:90
pacity/Title: Owner	95/13/2004 05:0