

Capacity/Title: Managing

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Please time 3-504. Idaho Code, the undersigned No. 1 9: 28

Please type or print legibly. NOTE: See instructions on reverse before filing	
The assumed business name which the undersign business is: Soul Appeal	
The true name(s) and business address(es) of the business under the assumed business name: Name Martin - Clarine, IIC PC W 26/29	Complete Address
The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Soul Appeal PO Box 674	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-265-8870
nature: Saung Clarine (signature required) Uname: Dawnya Clarine	Secretary of State use only

IDAHO SECRETARY OF STATE

11/08/2005 05:00

CK: 2590 CT: 158010 BH: 921039
1 0 25.00 = 25.00 ASSUM NAME # 2

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