CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE. See instructions on reverse befor	re tiling.
 The assumed business name which the und business is: His ε Hers Remembran 	
2. The true name(s) and business address(es) business under the assumed business name Name Shellie D Saka:	of the entity or individual(s) doing e: Complete Address
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Shelle Sakai Same as above	Submit Certificate of Assumed Business 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 acknowledgmen copy is (if other than # 4 above):	Phone number (optional): 208-453-2979
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 907/05/2006 05:00 CK: 3614 CT: 158016 BH: 963399 1 2 25.00 = 25.00 ASSUM NAME # 2