

Capacity/Title: OWLER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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 before filing. 64 SEP 14 PM 1:37

| NOTE: See instructions on reverse before filing. | CECEGO STATE |
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| 1. The assumed business name which the undersigned business is: Too DEVINE QUILTS | |
| 2. The true name(s) and business address(es) of the endusiness under the assumed business name: Name TELESE M DEVINE 749 NAM NAM NAM NAM NAM NAM NAM NA | tity or individual(s) doing Complete Address O SKY RANCH RD PA 10 83686 |
| 3. The general type of business transacted under the as Retail Trade | |
| Signature: Joseph Merche Signature: Signature: When the state of the s | Secretary of State use only 0 80043 |

IDAHO SECRETARY OF STATE

@9/14/2004 @5:00

CK: 91413082823SLD CT: 172099 BH: 765976
1 0 25.00 = 25.00 ASSUM NAME # 2