CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAH FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned -2 Ail 9: 10

gives notice of adoption of an As	ssumed Business Name. All 9: 10
 The assumed business name which the un business is: 	ndersigned use(s) in the transaction of
Northwest Cand	lle Creations
The true name(s) and business address(es business under the assumed business name).	s) of the entity or individual(s) doing
Name Reggan	Complete Address
	Coenrd'Alere, Idaho 83815
 The general type of business transacted ur (mark only those that apply) 	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future P correspondence should be addressed:	Phone number (optional): 308-665-2317
Dawn Reagan The POBOX 2484	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Handen, Tdaho 838;	Secretary of State 700 West Jefferson
Name and address for this acknowledgmen copy is (if other than # 4 above):	nt Basement West PO Box 83720
Dayn Reagan	Boise ID 83720-0080 208 334-2301
Handen ID 83835	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 01/02/2001 09:00
Printed Name: Dawn Reagan	CK: 3032 CT: 116725 BH: 370037 1 0 20.00 = 20.00 ASSUM NAME # 2
Capacity: Owner (see instruction # 8 on back of form)	28 1 1 20.00 = 20.00 ASSUM NAME # 2
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