

Capacity/Title: <u>owner</u>

(see instruction # 8 on back of form)

## 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 before filing.

06 MAY -8 AM 8:21

SECTION OF STATE STATE OF IDAHO

The assumed business name which the undersigne business is:      GOOD-ONE'S GREETINGS	ed use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name:     Name	entity or individual(s) doing <u>Complete Address</u> <u>Penns Vivania LN</u> <u>R ID 83706</u>
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Same	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-76 (- 331 6
Signature: Signature required Namo: Ta 1000 and	Secretary of State use only  OP 959

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1DAHO SECRETARY OF STATE 95/98/2006 95:00 CK: 484 CT: 158810 BH: 953431 1 8 25.80 = 25.80 ASSUM NAME # 2