CERTIFICATE OF ASSUMED (Please type or print legibly. See instr	BUSINESS NAME
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Congives notice of adoption of an Assum	ode, the undersigned ned Business Name RETARY OF STATE
1. The assumed business name which the business is: Alexa Ange Contains S.	**
2. The true name(s) and business address to business under the assumed business not business not business and business not business and business not business and business not business and	(es) of the entity or individual(s) doing
<u>Kame</u>	Complete Address
Priscilla Harrison	3510 Buckskin Rd Coeur O'Alene 10 83814
3. The general type of business transacted under the assumed business name is: (meet only those that apply) Retail Trade	
4. The name and address to which future correspondence should be addressed: Ariscille Harrison 3510 Buckskin Rd Coeuc all Alene 10 83	Phone number (optional): 208-664-510 7. Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgm copy is (r other than # 4 above):	700 West Jefferson
	Secretary of State use only
Signature Prix la Harrison	IDANO SECRETARY OF STATE
Printed Name: Priscille Harrison	65/67/1998 69:66 CK: 1465 CT: 98336 BH: 188386
(see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM HAME #14705
	