CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 9 29 mil 10 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: KARFEREE SERVICES 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address MASTERS TOUCH OF IDAHO, INC 412 E. 41st St. Boise ID 83714 **~ ~ 0**90 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional) (208) 344-1825 correspondence should be addressed: KAREFREE SERVICES Submit Certificate of **Assumed Business** 412 E 415 St Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **02/27/2001 09:00** CK: 3363 CT: 89740 BH: 381565 اریم کا Printed Name: کام 1 @ 20.00 = 20.00 ASSUM MAME # 2 Capacity: Puesident D 43029 (see instruction # 8 on back of form)