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



To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	de the undersigned
The assumed business name which the u business is:	$\mathbf{S} \cap \mathbf{K} \cup \mathbf{r}$
CURVES FOR WOMEN	
The true name(s) and business address(e business under the assumed business name).	es) of the entity or individual(s) doing me is/are:
IN HIS HANDS, LLC W 12894	Complete Address Surley Id 2261 Overland Ave
The general type of business transacted under the control of	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g
4. The name and address to which future properties correspondence should be addressed:	Phone number (optional): 208 678-2754
2267 Overland Sur	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above): D. L. FUANS BANK P. D. Pow 1188	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Burley To 83318	Secretary of State use only IDAHO SECRETARY OF STATE 10/26/200 09:00 CX: 1886 CT: 137746 BH: 357016
Signature: New Kurk	
Printed Name: <u>Sue M. NewKirk</u>	1 6 20.00 = 20.00 ASSUM NAME 1 2
Capacity: member lowner	D 40037

(see instruction # 8 or back of form)