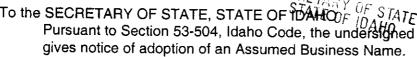
CERTIFICATE OF ASSUMED BUSINESS, NAME (Please type or print legibly) TANY OF STATE





Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
The assumed business name which the under business is: SHARIYMN	PERSONAL TOUCH
The true name(s) and business address(es) o business under the assumed business name in the second sec	f the entity or individual(s) doing
Name 	Complete Address
Sharon Kofoed 45	5 Somain Apt B Charles ID 83272
The general type of business transacted unde (mark only those that apply)	
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
4. The name and address to which future correspondence should be addressed: Sharon Koford P.O. Box 173	Submit Certificate of Assumed Business Name and \$20.00 fee to:
STCharles, FD 83272	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
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rididie.	86/27/2001 09:06 CK: 937 CT: 148132 別: 485129
nted Name: Shavon Rotoed	1 8 28.88 = 26.80 ASSUM MANE # 2
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