CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE 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.

(see instruction #8 on back of form)

	STATE
1. The assumed business name which the under	rsigned use(s) in the transaction of
business is:	
The Greeting Card	Village
,	3
The true name(s) and business address(es) of business under the assumed business name:	of the entity of individual(s) dolling
Name	Complete Address
	320 Tasa place Meridian 83642
David Neuromb	320 Tasa place Meridian 83642
Fau Newtonio	JEO JUSH Place File Jones
The general type of business transacted under	er the assumed business name is:
M ¬	and Public Utilities
Z Notali Irado	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
The name and address to which future correspondence should be addressed:	700 West Jefferson
	Basement West
Sandra Newcomb	PO Box 83720 Boise ID 83720-0080
1320 Tasa Place	208 334-2301
Meridian, 1d. 83642	
Name and address for this acknowledgment	t Phone number (optional):
COPY is (if other than # 4 above).	<u> 208-884-108</u> 3
	Secretary of State use only
	52
1 - 1 - 40 1	appı be
Signature: Janua / UUCONOS- (signature required)	Porms / Porms
Printed Name: Sandra Newcomb	IDAHO SECRETARY OF STATE DAHO SECRETARY OF STATE DAHO SECRETARY OF STATE D2/04/2004 05:00 CK: 2188 CT: 158010 BH: 725399 CK: 2589 = 25.88 ASSIM NAME # 2
Capacity/Title: Owner	92/04/2004 05:00 02/04/2004 05:00 0x: 2188 CT: 158810 BH: 725399
(and instruction # 8 on back of form)	6 1 8 25.00 = 25.00 ASSUM WANE # 2