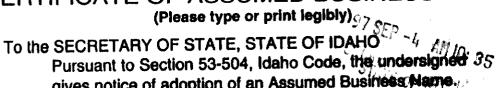
CERTIFICATE OF ASSUMED BUSINESS NAME





Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	ed Business Name.
. The assumed business name which the u business is: "Keeper" Calendar	· · · · · L
2. The true name(s) and business address(e business under the assumed business name Name Davis Davis	es) of the entity or individual(s) doing ame is/are: Complete Address 1602 A+331 Selfice Way Post Falls 1D 83854
3. The general type of business transacted (mark only those that apply) Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	ring Transportation and Public Utilities Finance, Insurance, and Real Esta
4. The name and address to which future correspondence should be addressed: Pala Z. Davis 1602 A#331 Selfice Way Post Falls 10 83864 5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West
	1040 300 1040 91111111111111111111111111111111

Signature: <u>Faula</u> 2. <u>Davis</u>
Printed Name: <u>Paula</u> Z. <u>Davis</u> Capacity: President - Owner

(see instruction # 8 on back of form)

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