FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

ASSUMED BUSINESS INAIVIE

Pursuant to Section 53-504, Idaho Code, the undersigned PARY 16 Fair 9: 10

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF WANTO

Creat	ive Touch
The true name(s) and business address(est business under the assumed business name Name Cynthia Tolman	
3. The general type of business transacted upon the second	nder the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Creative Touch	Secretary of State 700 West Jefferson Basement West PO Box 83720
4376 Red Grass Ct Meridian, Idaho 83642	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional): 208-861-3619
	Secretary of State use only
ignature: (signature required) cynthia Tomam	Secretary of State
apacity/Title: owner	IDANO SECRETARY OF STATE

CK: 500 CT: 158010 BH: 610709 1 0 25.00 = 25.00 ASSUM NAME # 2