227 Fil	ED/TEECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAME	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersideed of the MALE	
 The assumed business name which the undersigned use(s) in the transaction of 	
Hands of Light	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Danielle I. PAUL 3844 W LONE MAN Trail Rathdrom, ID	
	83858
 The general type of business transacted under the assumed business name is: (mark only those that apply) 	
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
 The name and address to which future correspondence should be addressed: 	
Daniele PAUL	Submit Certificate of Assumed Business
3844 WLONE MAN Trail	Name and \$20.00 fee to:
5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West
COPY IS (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only IDANO SECRETARY OF STATE
Signature: 12 multi Par	G1/12/2001 09:00 CK: 1261 CT: 149744 BH: 372352
Capacity: Manager	1 8 20.00 = 20.00 ASSUN NAME # 2
Capacity: <u>Manager</u> (see instruction 4 8 on back of form)	D 41769