CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: THREE STITCHES AT A TIME 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name KATHLEEN JOANNE DENNIS 3525 N COIE RD#102 BONE ID 83704 PATRICIA HELEN VINCENT 609 E 2ND EMMETT ID 83617 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of THREE STITCHES AT A TIME Assumed Business Name and \$20.00 fee to: 609 E 2ND

5. Name and address for this acknowledgment CODY is (if other than # 4 above):

EMMETT IDAHO 83617

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

10/25/1999 09:00 CX: CASH CT: 122105 BH: 268472

1 0 20.00 = 20.00 ASSUM NAME # 2

D30251

Signature: Patt N. Vincent

Printed Name: PATT, H. VINCENT

Capacity: PARTNER

(see instruction # 8 on back of form)