CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse)	
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) 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) OF COLUMN 153-504	
1. The assumed business name which the undersigned use(s) in the transact ion of business is: Little Shop of Treasures	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Kin Chappian ICA. Kaask	Complete Address Na Kia ID 83539
3. 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 Services Construction Mining	
4. The name and address to which future Phone number (optional): (200) 921-7289 correspondence should be addressed:	
P.O. Box 1489	Submit Certificate of Assumed Business Name and \$20.00 fee to
Kamiah ID 8353a 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	IDANU SECRETARY OF STATE
Signature: Kim Chapman	12/24/1997 Ø9:00 CX: 1050 CT: 91633 BH: 66763 1 0 26.00 = 20.00 ASSUM NAME
Printed Name: Kim Chaprian	10707
Capacity: Owner (see instruction # 8 on back of form)	