

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

00 OCT 18 AM 8:57

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Touch of Elegance

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Address</u>
<u>Dennis Howard</u>	<u>20653RD ST</u>
<u>Lorna Howard</u>	<u>P.O. Box 633 Parma Id</u>
	<u>Same</u>

3. The general type of business transacted under the assumed business name is:

Whole Sale / Floral

See categories on the reverse

4. The name and address to which correspondence should be addressed:

Touch of Elegance / Lorna Howard
P.O. Box 633, Parma, Idaho 83660

Signed Lorna Howard

By _____

Capacity _____

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Idaho Secretary of State only

10/18/2000 09:00
CK: 2422 CT: 137391 BH: 355383

1 @ 20.00 = 20.00 ASSUM NAME # 2

D39797

Revision 10/98

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