CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na	ned no app _ o AM P: 50
Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersigned business is: Stitching Memor	
 The true name(s) and business address(es) of the e business under the assumed business name: Name 	Complete Address
Denise Kreider 320	00 N. Spirit Drive init Lake IP 83869
3. The general type of business transacted under the	
 Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: <u>Denise Kreider</u> <u>32000 N. Spirit Dr</u> Spirit Loke ID 83869	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Spirit Lake ID 83867 5. Name and address for this acknowledgment copy is (if other than # 4 above). 	
Signature: Denise Kreider	Secretary of State use only
Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 04/09/2008 05 #00 CK: 3049 CT: 158010 BH: 1199857 1 8 25.88 = 25.88 ASSUM NAME # 2