227

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE
2003 AUG 29 AM 8:45
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

   THYME ON YOUR HANDS

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

Name	Complete Address
MARGARET M DAVIES	12852 N SCHICKS RIDGE RD HIDDEN SPRINGS ID 83714

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

Submit Certificate of Assumed Business Name and **$25.00** fee to:

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

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

   MARGIE DAVIES
   12852 N SCHICKS RIDGE RD
   HIDDEN SPRINGS ID 83714

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

Phone number (optional): 229 1019

Signature: Margaret M Davies
(Signature required)

Printed Name: MARGARET M DAVIES

Capacity/Title: OWNER
(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
08/29/2003 05:00
CK: 1093 CT: 158010 BH: 699054
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 68558