.7				
	CERTIFICATE OF ASSUME (Please type or print legibly. See To the SECRETARY OF STATE, STATE	instruction OF IDAHO	SINESS NAME IS ON reverse.)	CKE THE
	Pursuant to Section 53-504, Idaho gives notice of adoption of an Assu	ımed Busin	undersigned ess Name.	1/2
1.	The assumed business name which the under business is: SHIRLEY'S GEMS	ersigned use	e(s) in the transaction of	
2.	The true name(s) and business address(es) o business under the assumed business name in Name	is/are: <u>Con</u> 5.55 Ho	nplete Address RSESHOE BEND RD #190	
			Boise ID837	7.7
3.	The general type of business transacted under (mark only those that apply) Retail Trade	☐ Tra	nsportation and Public Utilities ance, Insurance, and Real Esta	ate
4.	The name and address to which future correspondence should be addressed: SHIRLEY A GAVIN P.O. Box 1457	one number	(optional): 208-939-1703 Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	EAGLE, 10 83616 Name and address for this acknowledgment copy is (if other than # 4 above): SAME		Secretary of State 700 West Jefferson Basement West// PO Box 83720 - * Boise ID 83720-0080 20863352664 of STATE	
			03/02/2000 09:00 CK: 575***********************************	_ !
Signatu	Ire: Marin Vann		1 8 20.88 = 20.88 ASSUM NAME # 2	
Printed	Name: SHIRLEY A GAVIN	}		
Capaci	ty: OWNER grant	5		

(see instruction # 8 on back of form)