CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

| To the SECRETARY OF STATE, STATE OF I Pursuant to Section 53-504, Idaho Cod- gives notice of adoption of an Assumed | e, the undersigned |
|--|--|
| The assumed business name which the unbusiness is: LINGERIE CHEST | idersigned use(s) in the transaction of |
| 2. The true name(s) and business address(est business under the assumed business name Name MICHELLE Y. WILLIAMS | ne is/are: |
| 3. The general type of business transacted un (mark only those that apply) Retail Trade | g Transportation and Public Utilities Finance, Insurance, and Real Estat |
| 4. The name and address to which future correspondence should be addressed: MICHELE Y. WILLIAMS AA55 SCYENE WAY BOISE, ID 8371み 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| ignature: midealle / Dillia | Secretary of State use only IDAHO SECRETARY OF STATE @3/3@/1999 @9:00 EX: 1217 CT: 79276 BH: 201988 |
| rinted Name: MICHELLE Y. WILLIAMS | g 1 0 20.06 = 20.06 ASSUM NAME 0 2 |
| apacity: OWNER | O 24544 |
| (see instruction # 8 on back of form) | 9 1 6 20.06 = 20.06 ASSUM NAME 1 2 O 24544 |