| CERTIFICATE OF ASS (Please type or print legib To the SECRETARY OF STATE, S | |
|--|--|
| Pursuant to Section 53-504, gives notice of adoption of a | STATE OF IDAHO Idaho Code, the understoned In Assumed Business Name of Office of Offic |
| The assumed business name which the business is: | |
| The Clary Sage. Co | Hage |
| The true name(s) and business addres business under the assumed business | s(es) of the entity or individual(s) doing name is/are: |
| Paula I. Willia | Complete Address 10930 Pt. Hayden Dr. Hayden ID. S. |
| Billie G. Willis | Mile Marker 791/2 Koskia, ID 835 |
| Noble Willis | Mile Marker 791/2 Kooskia, ID 83599 |
| The general type of business transacter (mark only those that apply) | d under the assumed business name is: |
| Retail Trade Manufactu Wholesale Trade Agriculture Services Constructi | e Finance, Insurance, and Real Estate |
| The name and address to which future correspondence should be addressed: | Phone number (optional): |
| Paule L. Willis | Submit Certificate of |
| 10930 Point Hayden Drive | Assumed Business Name and \$20.00 fee to: |
| Re Hayden, IDAHO 83835 | 700 West Jefferson |
| Name and address for this acknowledgr copy is (if other than # 4 above): | ment Basement West PO Box 83720 |
| | Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only |
| ` | 1940 SECRETARY OF STATE 84/85/2888 89:88 |
| Signature: faula L. Wello | CX: 1847 CT: 129349 9H:.386884 |
| Printed Name: Paula L. Willis | |
| (see instruction # 8 on back of form) | . Social D 34710 |