CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF	ILITANO (FELENCIA)
Pursuant to Section 53-504, Idaho Code, the undersigned no SEP 13 AN 8:41	
1. The assumed business name which the undersigned use(s) in the transferred to	
WhiteCAT SOAP Comp	ATE OF IDAHO
Name of the state	The second secon
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name CREGORY NEWBERRY	Complete Address 1191 LAVINA AVENUE
	TWIN FALLS, ID 83301
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade X Manufacturin	Transportation and Dublic Halling
Wholesale Trade Agriculture	Transportation and Public Utilities Finance, Insurance, and Real Estate
Services Construction Mining	
4. The name and address to which future Phone number (optional): 208-736-7353-correspondence should be addressed:	
COREG OR RITH NEWBELL	Submit Certificate of
1191 LAVINA AVENUL	Assumed Business Name and \$20.00 fee to:
TWIN FALLS, ID 8338	Secretary of State
Name and address for this acknowledgmen	700 West Jefferson
COPY is (if other than # 4 above):	PO Box 83720
D.L. Evans Bank	Boise ID 83720-0080 208 334-2301
150x 8'/	Secretary of State use only
Two talls, II) 83301	IDAHO SECRETARY OF STATE AND
Signature: / Hay / White	Ø9/20/2000 ₩9:00 CK: 181 CT: 136249 M: 349685
Printed Name: Greg Newberry	1 0 20.00 = 20.00 ASSUM NAME 8 2
Capacity: Owner (see instruction # 8 on back of form)	1 0 28.00 = 20.00 ASSUM NAME 1 2
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