Printed Name: Lin

(see instruction #8 on back of form)

Capacity: Fac

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 23 PM 3: 04 gives notice of adoption of an Assumed Business Name TARY OF STATE OF THE STATE OF 1. The assumed business name which the undersigned use(s) in the transaction of business is: reasured Memories 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Eric + Linda Bodi 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): 208 - 356 - 6986correspondence should be addressed: reasured Memories Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above) . PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 08/24/1999 09:00 CK: 1882 CT: 119619 BH: 244327 1 0 20.00 = 20.00 ASSUM NAME # 2

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