

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED AFEFFANTIYE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRET DY OF STATE STATE OF IDAHO

The assumed business name which the under business is: A PERSONAL TOUCH HE The true name(s) and business address(es) of the second	OME DECOR -
Name ADUANTAGE COMMERCIAL LEVOID (W 74084) LLC,	Complete Address NG 204 SUN BURST WAY BOISE, IO. 83709
3. The general type of business transacted unde Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: **APERSONAL TOUCH HOME DECORATIONS AUNT AND BURST WAY **BOISE ID 83709** 5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720
	Secretary of State use only
Signature: <u>NOMO BUTTA</u> Printed Name: <u>ECONNE BETTIGA</u> Capacity/Title: <u>MANAGER</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE O5/22/2008 05:00 I 25.00 = 25.00 ASSUM NAME # 2