

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. PM 1: 30

Please type or print legibly.

Instructions are included on back of application. BY OF STATE

STATE OF IDAHO

	OWARD OF TOAPIO			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Gir	i Knits		
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			
•			438 Sundance Bonners Ferry ID 83805	
3.	The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub		
4.	The name and address to which future correspondence should be addressed: Gini Knits 7438 Sundance Bonners Ferry, ID 83805		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
	ature: Vizin Woodward		Secretary of State use only	
Printe	ed Name: Virginia Woodward			
Capa	city/Title:_owner		IDAHO SECRETARY OF STATE	
Signature:			12/09/2010 05:00 CK: 249 CT: 158019 BH: 1250262	
Printed Name:			1 8 25.00 = 25.08 ASSUM NAME # 2	
Capacity/Title:			D143888	
			V	