

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 JAN 26 AM 11: 32

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is:  WAYS TIMBER DESIGN		·		· · · · · · · · · · · · · · · · · · ·	
2. The true name(s) and business address(es) business under the assumed business name Name  KELY WAY  ———————————————————————————————————	<b>)</b> :	Complete Address	oing Luk	<del>1</del> 0 4	53 <b>6</b> 94
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:  KELLY WAY 3324 B. Cowley Lo		8.1	f se to:		
5. Name and address for this acknowledgmer copy is (if other than # 4 above):  Signature:  (signature fequired)  Printed Name:  Capacity/Title:  OWNER	g-koorpiformskabn formslabn.p65 Revised 04/2003	Secretary of State		Y OF STA	

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