	CERTIFICATE OF ASSUM (Please type or print legibly. Se	1ED B	USINESS NAME tions on reverse.)
	Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, sumed B	the undersigned 2: 22 usiness Name UF STATE
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	TIGHT LINE DESIG	NS_	2
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>		Complete Address
	IAN J. PERCY		E, 10 83704
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	9 🗌	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional):		
	Dane		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

g:\corp\forms\abn.p65

Secretary of State use only

IDANO SECRETARY OF STATE

10/11/2000 09:00 CK: none CT: 74841 BH: 353862

1 0 20.00 = 20.00 ASSUM NAME # 2

D39608

Signature: *IAN PERCY*Printed Name: <u>TAN PERCY</u>

Capacity:__

(see instruction # 8 on back of form)