



CERTIFICATE OF ASSUMED BUSINESS NAME

Secretary of State
Business Entities
www.idsos.state.id.us/

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

2005 DEC 19 AM 10:27

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

~~XXXXXXXXXX~~ Interior Design and mosaics
MONTAGE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Robin S. Lecuyer	2876 E. Red Cedar Ct.
	COEUR d'Alene ID
	83815

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Robin S. Lecuyer
2876 E. Red Cedar Ct.
COEUR d'Alene ID 83815

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature: [Signature]
(signature required)

Printed Name: Robin S. Lecuyer

Capacity/Title: owner / sole proprietor
(see instruction # 8 on back of form)

9 Copy forms to: forms@idsos.state.id.us
Revised 04/2003

Secretary of State use only

D94630

IDAHO SECRETARY OF STATE
12/19/2005 05:00
CK: 1020 CT: 158010 BH: 927426
1 @ 25.00 = 25.00 ASSUM NAME # 2