

Printed Name:

Capacity/Title: DWNER

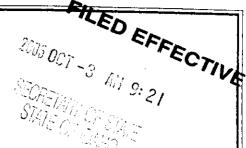
(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



Homes by Des	ign
The true name(s) and business address(e business under the assumed business name  Name  LESIE SENSEN	es) of the entity or individual(s) doing
The general type of business transacted u  Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public Utilities  Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:    Homes By Design   444   Hospital Way Suite   Pocakelo, Id. 83201	Secretary of State 700 West Jefferson Basement West PO Box 83720
Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional):  208 - 24/ - 66/2
	Secretary of State use only

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IDAHO SECRETARY OF STATE
10/03/2005 05:00
CK: 2780 CT: 192657 BH: 914687
10 25.00 = 25.00 ASSUM MANE # 3

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