

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

09 FEB 27 AM 8: 52

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filling.

1. The assumed business name which the undersigned use(s) in the transaction of business is: SDM management + Consulting 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 Steven D. Muna 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (If other than #4 above): 208 216-4139 ame Secretary of State use only Signature:

> IDANO SECRETARY OF STATE 02/27/2009 05:00 CK: 1688 CT: 150010 BH: 1156894 1 2 25.00 = 25.00 ASSUM NAME 8

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