Signature:

Printed Name: _

Capacity/Title:

(see instruction #8 on back of form)

FILED FILE **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2001, Jul. 12 AM 9: 27

Please type or print legibly. NOTE: See instructions on reverse before filing.

business is: THE SIGN COMI 2. The true name(s) and business address(es	s) of the entity or individual(s) doing
business under the assumed business nan	ne:
Name	Complete Address
- / · · · · · ·	11410 NE 1244 ST # 635
Brad Caulsen	KIRKLAND WA
DI CO CO COM	98034
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
THE SLAN CO	PO Box 83720
P.D. BOX 1628 KETCHUM 10, 8334	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm	ent Phone number (optional):
COPY IS (if other than # 4 above).	208-726-5822
	Secretary of State use only
	008(53)

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IDAHO SECRETARY OF STATE
07/12/2004 05:00
CK: 4526 CT: 158016 BH: 755839
8 25.00 = 25.00 ASSUM HAME # 2