

**FILED/EFFECTIVE****CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

02 APR 24



To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

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

SUNDANCE DRAFTING & DESIGN

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

Name

Complete Address

TIFFANY M. STODDART

6460 E. SIDEHILL LN.

IDAHO FALLS, ID 83401

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Phone number (optional): (208) 524-2880

6460 E. SIDEHILL LN.

IDAHO FALLS, ID 83401

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/24/2002 05:00  
CK: 1413 CT: 158010 BH: 461249  
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 2/97

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Signature: Tiffany M. Stoddart

Printed Name: TIFFANY M. STODDART

Capacity: OWNER

(see instruction # 8 on back of form)

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