## CERTIFICATE OF ASSUMED BUSINESS FAMED

ΤΛ	the	SECRETARY	OF	STATE	STATE	OF	IDAHO	
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98 MAY 11 PH 2-27

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

Enhanced Soft	tware Wesigns
The true name(s) and business ad business under the assumed busi	ldress(es) of the entity or individual(s) doing ness name is/are:
<u>Name</u>	<u>Address</u>
Joseph Cennon	6360 Northside Cir
	Idaho falls, IO &3401
The general type of husiness trans	sacted under the assumed business name is:
•	
9-Services	4
The name and address to which o	orrespondence should be addressed:
6360 Narthside Ch	
6360 Narthside Ch Idaho Falls IO 8	3401
6360 Narthside Ch Idaho Falls IO 8	igned Doctor
6360 Narthside Ch Idaho Falls to 8°	igned Doctor
1360 Narthside Ch Idaho Falls 10 8	igned Joseph Lammon Capacity President / Paoprietor
6360 Narthside Ch  Idaho Falls to 8  Submit Certificate of Assumed	igned Joseph Lammon Capacity President / Proprietor
6360 Narthside Ch  Idaho Falls, TO 8  S  B  C  Submit Certificate of Assumed	igned Joseph Lemmon capacity President / Proprietor  Customer #
6360 Narthside Ch Idaho Falls to 8°	igned Joseph Lammon Capacity Prusident / Paoprictore  Customer #

forms/abn one

#14804

PO Box 83720

Boise ID 83720-0080

525-7116