Capacity/Title: Owner

(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.

08 SEP 12 AM 9: 16

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing
Name	Complete Address
Ann Voorhis	100 N. Whitley Dr, #182, Fruitland, ID 83619
Wholesale Trade Construction Services Agriculture Manufacturing Mining X Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Management By Design	on and Public Utilities Submit Certificate of Assumed Business
Attn: Ann Voorhis	(208) 334-2301
100 N. Whitley Dr, #182, Fruitland, ID 83619	
Name and address for this acknowledgme copy is (if other than #4 above);	ent Phone number (optional): 714 - 838-6696
Management By Design	
Attn: Ann Voorhis	Secretary of State use only
17300 17th St, #J331, Tustin, CA 92780	

IDAHO SECRETARY OF STATE

99/12/2008 05:00

CK: 203 CT: 229645 BH: 1135556

1 8 25.86 = 25.80 ASSUM MANE # 2

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