Printed Name:_

Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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NOTE: See instructions on reverse before filing.	grand SIME
The assumed business name which the undersigned business is: \[\(\alpha \) \(\alpha \) \(\beta \) \(\be	STATE
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Lady Bug Signs 170 Amy Law Name Name	Complete Address 28 N Tanner Pl 2mpa, ID 83687
3. The general type of business transacted under the an example of Parameters of Param	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 629-6854 208 761-9630
Signature:	Secretary of State use only

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IDAHO SECRETARY OF STATE

1/03/2007 05:00

CK: CASH CT: 158010 BH: 1023086

1 0 25.00 = 25.00 ASSUM NAME # 2