

Capacity/Title:_

(see instruction # 8 on back of form)

GERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the usubmits for lling a certificate of Assumed Busi	ness Name
Please type or print legibly. NOTE: See instructions on reverse before f	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the under business is: barknet designs	signed use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name: Name Annette V enkin 13 Barbara HC kenna 3	the entity or individual(s) doing Complete Address SN 3900 E, Rigby, 10 834 S833 E12N, Rigby, 10 834
3. The general typeof business transacted under Retail Trace Transportation an	
WholesaleTrade Construction Services Agriculture Manufactuing Mining Finance, Ilsurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondenceshould be addressed: Anne W Jenkins 13 N 3900 E Rigby, 483442	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and addless for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Anni Henrica View required Name: Annette View required Printed Name: Annette View required View require	Secretary of State use only

IDAHO SECRETARY OF STATE
11/30/2007 05:00
CK: 10098123654 CT: 158010 RH: 1087552
1 0 25.00 = 25.00 ASSUM NAME # 2

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