

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 AUG 18 AM 10: 53

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Ma	ark Ward Design		
The true name(s) and <u>business</u> addressed businessed businessed businessed businessed businessed businessed businessed businessed		ty or individual(s) doing	
<u>Name</u>	<u>(</u>	Complete Address 2857 DeAun Ave Twin Falls, ID 83301	
Mark W. Ward	2857 DeAun		
	Twin Falls, IC		
Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real Est the name and address to which future orrespondence should be addressed Mark W. Ward	state	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720	
857 DeAun Ave	_	Boise ID 83720-0080 208 334-2301	
Twin Falls, ID 83301	_		
Name and address for this acknowled copy is (if other than #4 above):	gment		
	_	Secretary of State use only	
ure: Mark W. Ward	_		
d Name: Mark W. Ward			
y/Title: Sole Proprietor/Owner			

IDAHO SECRETARY OF STATE

08/18/2011 05:00

CK: 178 CT: 158010 BH: 1287837

1 8 25.00 = 25.00 ASSUM NAME # 2

D149576

Signature:

Printed Name: _____

Capacity/Title:___