

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.

2006 APR -6 AM 9: 36

Please type or print legibly.

NOTE: See instructions on reverse before filing

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The assumed business name which the undersigned	STATE OF IDAHO d use(s) in the transaction of
business is: MISTY ANN'S HI	AIR DESIGN
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name MISTY HARPSTER 475 400	entity or individual(s) doing Complete Address S VELLOWSTONE SUITE A atulia Dd 83201
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: MISTY HARPSTER LOTS WARREN AVE POCATELLO, FO 83201	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above): 20 20 20	Phone number (optional): 08- 604-5955
475 YELLOWSTONE SLITE	Secretary of State use only
Signature: (signature regulated) Printed Name: MIST/ A, HARPSTER	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

04/06/2006 05:00

CK: 1624 CT: 158810 BH: 947774

1 0 25.00 = 25.00 ASSUM NAME # 2