CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) OF CAME OF AREA (Please type or print legibly)



To the OCCUPATION OF STREET	IDIY) 11 34 10 A11 8: 46
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	DAHO
 The assumed business name which the u 	Indersigned use(s) in the transaction of
_ ISIE Printing & I	DESIGN
The true name(s) and business address(e business under the assumed business name Name	me is/are:
	Complete Address
Nicole Clayton-Isla	624 NIZT Pocatello Id 8320/
3. The general type of business transacted under the assumed business name is:	
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g
4. The name and address to which future correspondence should be addressed: Isle Printing & Design 624 Ni 12 AVE Pocatello ID 8320 5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	208 334-2301
Oim A DA A	Secretary of State use only
Signature: Treate Classifon Isle	same according at SIMIE
Printed Name: NICOLE Clayton-Isla	61/16/2661 69:66 CX: 4823 CT: 148558 BH: 372911
Capacity: Proprietor (see instruction # 8 on back of form)	CK: 4623 CT: 140656 BH: 372011 1 0 20.00 = 20.00 ASSUM NAME # 2

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