	CERTIFICATE OF ASSU (Please type or print legibly.	MED BU See instruction	SINES WAME
CERTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
DESIGN SERVICES			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name White Street Stre		mplete Address ころ、たいピア うといら
	DEREK K STUBBS		BURN, IDAHO 83336
	SANDRA R STURBS		
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	 ☐ Retail Trade ☒ Manufacturing ☒ Wholesale Trade ☐ Agriculture ☐ Construction 	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future Phone number (optional): correspondence should be addressed:		
	Design Services		Submit Certificate of Assumed Business
	1109 S. River De		Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	COpy is (if other than # 4 above):		
			Secretary of State use only
Signatu		Revision 12/99	04290
Signature: Sandra R Stubbs 2 Printed Name: Sandra R Stubbs 2 IDAHO SECRETARY OF STATE			THANH CEPPETADY OF STATE
Printed Name: Sandra K Stubbs Capacity: Owner.		ıs\abn.p6	10/22/2001 05:00 CK: 4855 CT: 152590 BH: 425580 1 @ 28.88 = 28.80 ASSIM MANE # 2
Capacity: See instruction # 8 on back of form)			* c for 66 - 56 66 HOSUT MUTE # 5