

Capacity/Title: Partnershin

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

10 JUN -7 PM 12: 01

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:	ned use(s) in the transaction of	
ELEGANT DE	SIGN	
The true name(s) and business address(es) of the business under the assumed business name:		
Name A O O I T T T T T T T T T T T T T T T T T	Complete Address	ali laati
Stephanie Forsmann Po.	BOX 293 COHONWOOD,	TO 83522
		 -
3. The general type of business transacted under the	e assumed business name is:	1. 18 m 1. 94 m 1.
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities	
Services Agriculture	Submit Certificate of	
	Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720	
ELEGANT DESIGN	Boise ID 83720-0080	
411 HOGAN ST	(208) 334-2301	
COTTONWOOD, ID 83522		A A STA
Name and address for this acknowledgment copy is (if other than # 4 above):		
	Secretary of State use only	<u> </u>
2000		\$ 4 %
gnature FORMAN Segurature required inted Name: Stephanic Forsmann	·	
inted Name: Stephanic Forsmann	TRAHR SECRETARY	,

IDAHO SECRETARY UF STATE

96/07/2010 95:00

CK: NO CK & CT: 248679 3H: 122569

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