



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 MAR 23 PM 1:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

designtherapy

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Shawn Phillips</u>	<u>500 Bell Dr. Unit #14</u>
<u></u>	<u>Ketchum Id 83340</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Shawn Phillips
PO Box 6420
Ketchum Id 83340

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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):

Bank of America
PO Box 299
Ketchum Id 83340

Phone number (optional):

208.720.3176

Signature: _____

(signature required)

Printed Name: _____

Shawn Phillips

Capacity/Title: _____

Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

097901

IDAHO SECRETARY OF STATE
03/23/2006 05:00
CK: 3760281054 CT: 158010 BH: 945111
1 @ 25.00 = 25.00 ASSUM NAME # 2