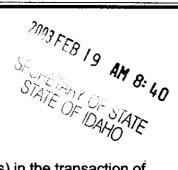


## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



Icomp Design	
The true name(s) and business address business under the assumed business n Name     William R. McMillen	· · · •
	ion and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     Icomp Design Attn: William R. McMillen     4361 W. Samara Ct.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Boise, Idaho 83703	208 334-2301
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above).</li> </ol>	ment Phone number (optional):  208-440-2109
	Secretary of State use only
gnature:  (signature required)  william R. McMillen  apacity/Title:  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  Baries  Bari

1 8 20.00 = 20.00 ASSUM NAME # 2

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