



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED
SECRETARY OF STATE
STATE OF IDAHO
DEC 21 AM 10:24

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 business is:

DESIGNCRAFT

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

<u>Name</u>	<u>Complete Address</u>
<u>Christopher J. Boerger</u>	<u>2263 South Sagle Road</u> <u>Sagle, Idaho 83860</u>

<u>Anna Maria Boerger</u>	<u>2263 South Sagle Road</u> <u>Sagle, Idaho 83860</u>
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3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 772-1792

Designcraft
9873 North Government Way
Hayden, Idaho 83835

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same

Signature: *Christopher J. Boerger*
CHRISTOPHER J. BOERGER
Anna Maria Boerger
ANNA MARIA BOERGER

Capacity: Owners
(see instruction # 8 on back of form)

Revision 1/98 g:\corp\forms\abn.p65

Secretary of State use only
IDAHO SECRETARY OF STATE

12/21/1998 09:00
CK: 15010 CT: 21116 BH: 171077

1 @ 20.00 = 20.00 ASSUM NAME # 2

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