



CERTIFICATE OF ASSUMED BUSINESS NAME

(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 in the transaction of

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

Home and Garden Designers Network

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	Complete Address
<u>Sonie Combs</u>	<u>5382 E Shoreline Drive</u>
	<u>Post Falls, Id 83854</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" 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) 729-0280

Sonie Combs
Home + Garden Designers Network
5382 E. Shoreline Drive
Post Falls, Id. 83854

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Sonie Combs

Printed Name: Sonie Combs

Capacity: owner / manager
(see instruction # 8 on back of form)

Revision 12/99

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IDAHO SECRETARY OF STATE
10/08/2003 05:00
CK: 1163 CT: 158010 BH: 705551
1 @ 25.00 = 25.00 ASSUM NAME # 2

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