

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.

02 AUG 12 PM 3: 47

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is:	
Micanna Distribution 9	Design
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name MD \$ D, L.L.C. (w17374) 1200 1	entity or individual(s) doing Complete Address
3. The general type of business transacted under the	assumed business name is:
Retail Trade	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 Phone number (optional):
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 08/13/2002 05:00 CK: CASH CT: 158010 BH: 482376 1 0 20.00 = 20.00 ASSUM NAME # 2