## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned AM 9: 21



gives notice of adoption of an Assun	ned Business Name 9: 20
The assumed business name which the business is:	undersigned use(s) in the mansaction of
	DESIGNS WEST S S S
2. The true name(s) and business address business under the assumed business representations.    Name   Hans Peter Jacobs   Peter Jacobs	(es) of the entity or individual(s) doing name is/are:  Complete Address A  824 FAST LAND PARK DRIVE
	THIN PALLS, 10 83301
MARY L. JACOBS	824 BASTLAND PARK DRIVE
3. The general type of business transacted (mark only those that apply)	TUIN FALLI, 10 83301 under the assumed business name is:
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:  SAME AS ABOVE	Submit Certificate of
	Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgm copy is (if other than # 4 scove):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only
Signature: Man Ryn to Printed Name: Hous Page Jacobs	IDAHO SECRETARY OF STATE  93/20/2003 05:00
Capacity: Presingly	CK: 9297 CT: 158010 BH: 669747 1 0 20.00 = 20.00 ASSUM NAME 1 2
(see Instruction # 8 on back of form)	1 2 2 2)

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