CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) FILE  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 of IARY OF STATE STATE OF IDAHO  1. The assumed business name which the undersigned use(s) in the transaction of business is:  SYMMETRY ASSOCIATES  2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
		Lunda L. Aird	Complete Address 1065 Vork Dr. Blackfoot 1083221
		John H. Aird	1065 york Dr. Blackfoot 1083221
		3. The general type of business transacted under the assumed business name is:  (mark only those that apply)	
☐ 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:  Symmetry Associates  1065 York Drive  Blackfoot 10 83001	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson		
5. Name and address for this acknowledgn copy is (if other than # 4 above);	Dasement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
	Secretary of State use only IDAHO SECRETARY OF STATE		
	8 84/26/2000 00.00		
Signature: Myda Alla	CX: 501 CT: 130268 3H: 312376  1 0 20.00 = 20.00 ASSUM HAME # 2		
Printed Name: Lynda L, Hird	_		
Capacity: Owner	D 35291		
(see instruction # 8 on back of form)	<u>%</u>		