7	
CERTIFICATE OF	
ASSUMED BUSINESS NA	ME07 AUG 17 PM 12: 20
ASSUMED BUSINESS INAIVIE' HOG I / PH 12: 30 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name RETARY OF STATE Please type or print legibly.	
submits for filing a certificate of Assumed Business	NamSTATE OF IDAUS
Please type or print legibly. NOTE: See instructions on reverse before filing	
1. The assumed business name which the undersign	ned use(s) in the transaction of
business is:	tie Design
Express Blinds by Artis	
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Artistic Design Holdings, LLC	465 Whittier St., Idaho Falls, ID 83401
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Secretary of State
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	700 West Jefferson
•	Basement West PO Box 83720
Artistic Design Holdings, LLC	Boise ID 83720-0080
465 Whittier St.	208 334-2301
Idaho Falls, Idaho 83401	
5. Name and address for this acknowledgment	
COPY IS (If other than # 4 above).	
	Secretary of State use only
The last	
Signature: Acher (spintster routred)	
Printed Name: Michael Hinckley	TRAND BEODETADY DE STATE
Capacity/Title:	
(see Instruction # 8 on back of form)	LAT 10C3 LIT 210301 BHT 10/1230 1 @ 25.00 = 25.00 ASSUM NAME 0
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