227	
CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the unde submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing	rsigned 2005 JAN - U Constants Name.
The assumed business name which the undersigned use(s) in the transaction of business is: Kennedy's Instructional Design	
 The true name(s) and business address(es) of the business under the assumed business name: Name Michael Kennedy 	e entity or individual(s) doing Complete Address .O. Box 1502; Idaho Falls, Idaho 83401
 3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>Michael Kennedy</u> PO Box 1502 	
FO Box 1502 Idaho Falls, Idaho 83401 5. Name and address for this acknowledgment COPY is (if other than #4 above):	208 334-2301 Phone number (optional): 208 589-3439 cell Secretary of State use only
Signature: Michael Kennedy Printed Name: Michael Kennedy Capacity/Title: President, Treasurer, Secretary (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 91/03/2005 05:00 CK: 4888 CT: 184883 BH: 784917 1 8 25.00 = 25.00 ASSUM NAME # 2 D & 3029