



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

05 MAY 22 PM 12:08

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SILHOUETTE DESIGN

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

KRISTINA FEHRS

412 W. LINDEN, CALDWELL ID 83605

JOSHUA HUMAN

110920 ROSE PRIAR LN. Nampa ID 83687

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

412 W. LINDEN
CALDWELL ID 83605
(KRISTINA FEHRS)

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 495-3187

Secretary of State use only

0100109

IDAHO SECRETARY OF STATE
05/22/2006 05:00
CK: CASH CT: 158010 BH: 956086
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Kristina Fehrs

(signature required)

Printed Name: KRISTINA FEHRS

Capacity/Title: OWNER / PARTNER

(see instruction # 8 on back of form)