

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

NOV 23 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

DECISIONS BY 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

LAMONT E. MACKIN

672 HOPKINS ROAD

(MONTE)

SANDPOINT, ID 83864

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

LAMONT E. MACKIN

(MONTE MACKIN)

672 HOPKINS ROAD

SANDPOINT, ID 83864

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:
FAX # 334-2080
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Secretary of State use only

Signature: Lamont E. Mackin

(signature required)

Printed Name: LAMONT E. (MONTE)

MACKIN

Capacity/Title: SOLE OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/23/2007 05:00
CK: 19348 CT: 158018 BH: 1886634
1 @ 25.00 = 25.00 ASSUM NAME # 2

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