(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	DECALS PLUS	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name	Complete Address
	THE SIGN CENTER. IN	9740 FAIRVIEW AVE. BOISE, ID 83704
3.	The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
	Retail Trade	Finance, Insurance, and Real Estate
	The name and address to which future correspondence should be addressed:  Phone number (optional): _208-376-6621	
	THE SIGN CENTER, INC.	Submit Certificate of
	9740 FAIRVIEW AVE.	Assumed Business Name and \$20.00 fee to:
	BOISE, ID 83704	Secretary of State 700 West Jefferson
	Name and address for this acknowledgmer copy is (if other than # 4 above):	Dasement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only  IDANO SECRETARY OF STATE
Signatu	ure Man Kendalf	DANU SECRETARY OF STATE (  21/04/1999 29=20  CK: 4234 CT: 189858 BH: 175324  1 2 20.00 = 28.00 ASSUM NAME # 4
Printed	Name: K. ALLAN KENDALL	88
Capaci	ity:PRESIDENT	D21829