

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECT VE

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

2007 MAY 31 AM 8: 54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

Double D Services	
The true name(s) and business address(e business under the assumed business name Name David S Devine	s) of the entity or individual(s) doing me: Complete Address P.D. Box 934 (2566 Claqstone)
	Spirit Lake IB
	83869
3. The general type of business transacted u Retail Trade	n and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: David Devine.	Secretary of State 700 West Jefferson Basement West
Po. Box 934 Spirit Lake ID 83869	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	Phone number (optional): _208-263-9097
	Secretary of State use only
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