227 PLEASE REGITALOT THIS MALLING ADDRESS TO YOUR USE OULY.

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE STATE OF IDAHOU SO/SECONTIVE

₩ ₹ 9	Pursuant to Section 53-504, Id	daho Code, the undersigned Assumed Business NameR 27 AM 9:
1.	The assumed business name which the ubusiness is:	
	TRUE NORTH DESIGN	
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
	CYNTHIA COOGAN	1502 NORTH 25TH STREET
		BOBE, 10 83702-0101
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:
	☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): 208.
	CYNTHA COOBAN	Submit Certificate of
	1502 NORTH 25TH GTREET *	Assumed Business
	ملد	Name and \$20.00 fee to:
	BOKK, ID 93702-0101 2	Secretary of State
5.	Name and address for this acknowledgm	700 West Jefferson ent Basement West
	COPY IS (if other than # 4 above).	PO Box 83720 Boise ID 83720-0080
		208 334-2301
		IDAHO SECRETARY OF STATE Secretary of State use only
Signati	ure: Cyrollia Coogen	CK: 1591 CT: 128859 BH: 383865
Printed	Name: CYUTHA COOFAN	D34412
		17 14414

(see instruction # 8 on back of form)