

Capacity/Title: Cone

(see instruction # 8 on back of form)

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.

Please type or print legibly.

NOTE: See instructions on reverse before filin	DAHO E
The assumed business name which the undersign business is:	ned use(s) in the transaction of
ML ARCHITECT	
	Complete Address Havichur Loop Sof Falls, ID
	83854
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
Mark J. Latham 1562 Havichur Loop Post Falls, ID 83854	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
gnature: Multi Lattam (signature required) nted Name: Mark J. Latham	IDANO SECRETARY OF STATE

IDANO SECRETARY OF STATE 07/19/2004 05:00 CK: 3895 CT: 158018 BH: 756863