

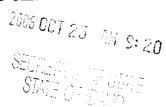
CERTIFICATE OF ASSUMED BUSINESS NAME

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 filing.



1. The accumed business name which the	
 The assumed business name which the un- business is: 	dersigned use(s) in the transaction of
A2I Design	
o	
The true name(s) and business address(es business under the assumed business name) of the entity or individual(s) doing ne:
Name	Complete Address
JEAN WAGNER	3273 E. 3210 N., TWYN FALLS, 83301
The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
JEAN WAGNER	Basement West PO Box 83720
3213E. 3210 N.	Boise ID 83720-0080
TWIN FALLS ID 83301	208 334-2301
Name and address for this acknowledgment	nt Phone number (optional):
COPy is (if other than # 4 above):	208.733.2261
	Secretary of State use only
	99 dt
Signature: (year 11) Agner	D104970
Printed Name: JEPN WAGNER	Total form of the
Capacity/Title:	
(see instruction # 8 on back of form)	10/25/2006 05:00
	CK: 1813 CT: 158010 BH: 986976 1 @ 25.00 = 25.00 ASSUM NAME # 2