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## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

S.G. DESIGNS  The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  BRENT EVERETT CRIBBS  EM	entity or individual(s) doing  Complete Address P.O. BOX 576  METT ID. 83617
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  BRENT EVERETT CRIBBS  S. G. DESIGNS P.O. BOX 576 EMMETT ID. 83617	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-365-3724
ted Name: BRENT EVERETT CLIBSS pacity/Title: OWNER D.B.A.  (see instruction # 8 on back of form)	Secretary of State use only  SCIENT TO SECRETARY OF STATE