

## CERTIFICATE OF ASSUMED BUSINESS NAME

**DEFFECTIVE** 

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

65 JUL -8 PH 1:48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SEGRE : STATE STATE

	STATE OF LIAHO
<ol> <li>The assumed business name which the und business is:</li> </ol>	dersigned use(s) in the transaction of
EE Design Service	25
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Brenda Erskine	of the entity or individual(s) doing e:  Complete Address  3211 F Ustick
	23605
The general type of business transacted unc	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
——————————————————————————————————————	(208) 703-6490
	Secretary of State use only
Signature: Brenda Frskine  Printed Name: Brenda Erskine  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  100000000000000000000000000000000000