



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.

FILED EFFECTIVE
07 SEP 24 AM 8:19
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BLIND DESIGN SHOWCASE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Shane M Ferguson

5763 E Steamboat Bend

Kelly R Ferguson

Post Falls, Idaho 83854-6304

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

Blind Design Showcase

5763 E Steamboat Bend

Post Falls, Idaho 83854-6304

5. Name and address for this acknowledgment copy is (if other than #4 above):

Shane & Kelly Ferguson

5763 E Steamboat Bend

Post Falls, ID 83854-6304

Signature: Kelly Ferguson

(signature required)

Printed Name: KELLY FERGUSON

Capacity/Title: Owner/Operator

(see instruction # 8 on back of form)

Secretary of State use only

g:\acp\form\labn form\labn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
09/24/2007 05:00
CK: 5001 CT: 217825 BH: 1076916
1 @ 25.00 = 25.00 ASSUM NAME # 2

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