227

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse)

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed Busir	undersigned ATE OF OF STA	
1.	The assumed business name which the undersigned us business is: ARTISTIC WAYS	(h.S).	
2.	The true name(s) and business address(es) of the entity business under the assumed business name is/are:	•	
	Name Cor	nplete Address πτημεκρί Ερμέ, το 83 W	
3.	The general type of business transacted under the assu (mark only those that apply)	med business name is:	
		nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future Phone number (optional):		
	DARRY MERRILL	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	EAgle, TOAho 83616	Secretary of State use only	

IDAHO SECRETARY OF STATE
12/03/2001 05:00
CK: 95 CT: 154182 BH: 432426
1 8 20:00 = 20.00 ASSUM NAME # 2

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(see instruction # 8 on back of form)

Signature: //

Printed Name:

Capacity: