



# 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

JAN 28 PM 2:30

STATE OF IDAHO

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

DLP Industries

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                   |
|--------------------|------------------------------------|
| <u>Dean Powell</u> | <u>829 Colfax, Boise, ID 83709</u> |
| _____              | _____                              |
| _____              | _____                              |

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

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

DLP Industries  
829 Colfax  
Boise, ID 83709

Submit Certificate of  
Assumed Business  
Name and **\$20.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 08/2002

IDAHO SECRETARY OF STATE  
01/28/2003 05:00  
CK: 152 CT: 87700 BH: 659562  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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