



Phillip Park

Owner

(see instruction # 8 on back of form)

Printed Name: Capacity/Title:_

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.

2005 MAY 11 AM 11: 58

Namdac D	esign Specialties SEORETARY Cr STATE OF IDAHO
. The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing me: Complete Address
Phillip Park	11153 W. Box Canyon Rd. Star, ID 8366
The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Phillip Park	Basement West PO Box 83720
11153 W. Box Canyon Rd.	Boise ID 83720-0080 208 334-2301
Star, ID 83669	
 Name and address for this acknowledgme copy is (if other than # 4 above); 	Phone number (optional):
	Secretary of State use only

FILED EFFECTIVE

TDAHO SECRETARY OF STATE

05/11/2005 05:00

CK: 531798 CT: 172099 BH: 809906

1 8 25.00 = 25.00 ASSUM NAME # 2