



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
 DEC 16 AM 9:52
 CLERK OF STATE
 STATE OF IDAHO

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

Fall Line Design

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

Karen Russell

370 N 110 E

Driggs, ID 83422

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

- | | |
|--|--|
| <input 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 | |

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

Fall Line Design

370 N 110 E

Driggs, ID 83422

attn: Karen Russell

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: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn form\abn.p65
 Revised 09/2002

IDAHO SECRETARY OF STATE
 12/16/2002 05:00
 CK: 2598 CT: 158018 BH: 651529
 1 @ 20.00 = 20.00 ASSUM NAME # 2

D60755