CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned
1. The assumed business name which the u business is:	
2. The true name(s) and business address(e business under the assumed business na Name  Charmone Wood  Lod Smith	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted use (mark only those that apply)  Retail Trade Manufacturing Mholesale Trade Agriculture Construction  4. The name and address to which future correspondence should be addressed:	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
Wordland Design Gloup  22865 Buskirk Dr  Hiddlefon Id \$3649  5. Name and address for this acknowledgme copy is (if other than # 4 above):	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
Signature: Charmon Wood  Printed Name: Charmone Wood  Office Capacity: Manager  (see instruction # 8 on back of form)	Secretary of State use only  1BAND SECRETARY OF STATE  27/13/2888 69 200  CK: NO CHECK CT: 133567 BH: 333368  1 2 28.66 = 28.88 ASSUM NAME # 2