



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

01 OCT -4 PM 2:03

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

IVYWILD DESIGN COMPANY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
TODD SCHWARZ

Complete Address
520 CYPRESS WAY TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): _____

IVYWILD DESIGN COMPANY

520 CYPRESS WAY

TWIN FALLS, ID 83301

5. Name and address for this acknowledgment 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

Secretary of State use only

Signature: Todd Schwarz

Printed Name: TODD SCHWARZ

Capacity: OWNER/PROPRIETOR

(see instruction # 8 on back of form)

Revision 12/99

g:\corpforms\abn.p65

IDAHO SECRETARY OF STATE
10/04/2001 05:00
CK: 1064 CT: 152100 BH: 422772
1 @ 20.00 = 20.00 ASSUM NAME # 2

D48861