

## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY	OF	STATE.	<b>STATE</b>	OF	<b>IDAHO</b>
------------------	----	--------	--------------	----	--------------

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of ntion of an Assumed Rusiness Name

au	option of an Assumed Business Name.
1.	The assumed business name which the undersigned use(s) in the transaction of business is:  GOULDESIGN
	COULDESTOIN
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:
	<u>Name</u> <u>Address</u>
	GAIL GOULD POBOX 396
	BONNERS FERRY, I DAHO
3.	The general type of business transacted under the assumed business name is:
	ENGINEERING SERVICES/NETWORK MARKETING
	See categories on the reverse
4.	The name and address to which correspondence should be addressed:  GAIL GOULD
	PO BOX 396 BONNERS FERRY, IDAHO 83805
	Signed <u>OuillOals</u> 11-5-01
	By
	Capacity Owner
	Submit Certificate of Assumed Customer#

Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Secretary of State use only

IDAHO SECRETARY OF STATE
11/13/2001 05:00
CK: 102 CT: 153457 BH: 429130
1 0 20.00 = 20.00 ASSUM NAME # 2