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CERTIFICATE OF	ME
ASSUMED BUSINESS NA	ME
Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	
Please type or print legibly. NOTE: See instructions on reverse before filing	9- STATE OF IDAHO
1. The assumed business name which the undersign business is: <u>DPMdrKeting Grou</u>	ned use(s) in the transaction of
	P
 The true name(s) and business address(es) of the business under the assumed business name: Name 	Complete Address
Della Perkins 38	305 Genera Dr. Jaho Falls
	305 Generaly Jaho Falls ID 83406
 3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: De IIa TerKins Je 05 Genera Dr. Jahe Falls IO 83406 5. Name and address for this acknowledgment copy is (if other than # 4 above): 	
	Secretary of State use only
Signature: <u>Della Perkins</u> (signature required) Printed Name: <u>Della Perkins</u> Capacity/Title: <u>owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 93/22/2006 95:00 CK: 4179 CT: 158019 BH: 944678 1 8 25.00 = 25.00 ASSUM NAME # 2 977828

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