



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2006 APR 24 AM 9:24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Edwards 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

Joshua L. Edwards

238 East South St. Grangeville Id. 83530

Jacqueline E. W. Edwards

238 East South St. Grangeville Id. 83530

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:

Edwards Design

238 East South St.

Grangeville Id. 83530

Submit Certificate of
Assumed Business
Name and **\$25.00** 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):

(208) 983-2314

Secretary of State use only

Signature: Joshua L. Edwards
(signature required)

Printed Name: Joshua L. Edwards

Capacity/Title: Partner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE

04/24/2006 05:00

CK: 47723491068 CT: 158010 BH: 950823
1 @ 25.00 = 25.00 ASSUM NAME # 2

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