## FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

Partner

(see instruction # 8 on back of form)

Capacity/Title:



<ol> <li>The assumed business name which the undersing business is:</li> </ol>	igned use(s) in the transaction of
S.H. Design	gn
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing  Complete Address 627 Lindsay Blvd. Idaho Falls, ID 83402 627 Lindsay Blvd. Idaho Falls, ID 83402
3. The general type of business transacted under  Retail Trade  Transportation an	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Jonathan P. Sexton  627 Lindsay Blvd	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
Idaho Falls, ID 83402  5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):  208-403-1834
	Secretary of State use only
Signature:  Printed Name:  Partner  Partner	IDAHO SECRETARY OF STATE  99/21/2004 95:06  CK: 2723 CT: 158010 BH: 7678  1 P 25.06 = 25.00 ASSUM MAKE