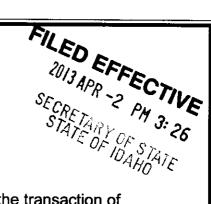


Capacity/Title:

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. Instructions are included on back of application.



	140.16
 The assumed business name which the ubusiness is: 	undersigned use(s) in the transaction of
LEGACY CUSTOM	FURNITURE.
2. The true name(s) and <u>business</u> address(business under the assumed business name Name Kurt Medley Soe Grivet.	
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only
Printed Name: Kurt Medle	-
Capacity/Title: <u>Co-owner</u>	
Signature:	IDAHO SECRETARY OF STATE 24/02/2013 05:00 CK: 1346987 CT: 172099 BH: 1367565 1 0 25.00 = 25.00 ASSUN NAME # 2
Printed Name:	

D162240