

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. FILED EFFECTIVE

11 OCT 20 AM 8:56

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: loncise Design Solutions 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 atherine Deland 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). 600 X Secretary of State use only Signature: Printed Name: (atherine Capacity/Title: OWNER Signature: _____ Printed Name:

IDAHO SECRETARY OF STATE 10/20/2011 05:00 CK: 6381 CT: 158010 BH: 1295048

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