CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	(Flease type or print legibly.	See instruction	ns on reverse.)	
2 10	To the SECRETARY OF STATE, STA	daho Code, the Assumed Busir	undersigned ness Name.	FILED
1.	The assumed business name which the ubusiness is:	undersigned us		
	U-N-Me Wood Design			_ 📆
2.	The true name(s) and business address(business under the assumed business na	es) of the entity ame is/are:	y or individual(s) doing 53	FILED/EFFECTIVE
	<u>Name</u>		mplete Address	
	Coral L. Sparrow	P.O.Box 16	Filer, Idaho 83328	
	Vickie Cowger	711 W. Mai	n St. Filer, Id. 8332	28
				_
3.	The general type of business transacted (mark only those that apply) X Retail Trade Manufacturi Wholesale Trade Agriculture	ing 🔲 Tra	imed business name is: ansportation and Public Utiliti ance, Insurance, and Real E	
	Services Construction	n 🗌 Mir	ning	
4.	The name and address to which future correspondence should be addressed:	Phone number	r (optional): <u>(208)326-4667</u>	<u>, </u>
1	Coral L. Sparrow		Submit Certificate of	
	P.O.Box 16		Assumed Business Name and \$20.00 fee to:	
	Filer, Idaho 83328	:	Secretary of State	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080	
	· · · · · · · · · · · · · · · · · · ·		000 004 0004	

Signature: Coral L. Sparrou Printed Name: Coral L. Sparrow

Capacity: General Partner

(see instruction # 8 on back of form)

208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

28/13/2001 05:00

CK: 1885 CT: 149989 BH: 413138

1 2 20.00 = 20.00 ASSUM NAME # 2

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