

Capacity/Title: Owner

(see instruction #8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE ASSUMED BUSINES	OF FILE FECTIVE ESS NAME code, the undersigned med Business Name.  Oly. before filing.
ASSUMED BUSINE Pursuant to Section 53-504, Idaho Consumits for filing a certificate of Association of Associati	ESS NAME
- ASSU	med Business Name.
Please type or print legib NOTE: See instructions on reverse	before filter
[]	
The assumed business name which the business is:	e undersigned use(s) in the transaction of
DM Manage	
2. The true name(s) and husiness adds	
	name:
Name Matthan i la i i i	Complete Address
Matthew Lyle Walker Dana Pulsipher Walker	1442 Tanager Way Boise ID 83709
- Walker	same
3. The general type of husing	
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transporta	tion and Public Utilities
Construction Construction	on
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Esta	Accument D
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 700 West Jefferson
DM Management	Basement West
1442 Tanager Way	PO Box 83720 Boise ID 83720-0080
Boise, ID 83709	208 334-2301
5. Name and address for this acknowledge	nent Phone number (optional):
copy is (if other than # 4 above):	276
	Secretary of State use only
Signatura / DINI	99d r.
Signature:	d 94/2003 de formale d
Printed Name: Dana P. Unlbor	4 9 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

IDAHO SECRETARY OF STATE

06/05/2003 05:00

CK: 1040 CT: 158010 BH: 684271

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