



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

2005 MAY -3 AM 8:38

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Mardi Draw Design

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Ken and Stacy Davis

Complete Address

496 Whispering Pine Dr.
Twin Falls, Idaho 83301

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Mardi Draw Design
496 Whispering Pine Dr.
Twin Falls, Idaho 83301

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

n/a

Phone number (optional):

(208) 733-2403

Secretary of State use only

Signature: Stacy L. Davis

Printed Name: Stacy L. Davis

Capacity/Title: Owner

Use instruction #1 on back of form

IDAHO SECRETARY OF STATE
05/03/2005 05:00
CK: 7530 CT: 158010 BH: 000244
1 E 25.00 = 25.00 ASSUM NAME # 2

D87393