



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.

(see instruction #8 on back of form)

 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
SIGN WERKES	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name WERKES, LLC (W-25778)	of the entity or individual(s) doing Complete Address 2915 E. SELTICE WAY POST FALLS, ID 83854
3. The general type of business transacted un	der the assumed business name is: ா ் ்
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SYDNEY L. GUTIERREZ P.O. BOX/2028/317 CHURCH ST. SANDPOINT, ID 83864 	Submit Certificate of Assumed Business Name and \$20.00 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 acknowledgme copy is (If other than # 4 above):	nt Phone number (optional): (208) 263-0591
77	Secretary of State use only
Printed Name: STACY D. AKANA Capacity: MANAGER	IDAHO SECRETARY OF STATE 97/22/2004 05:00 CK: 1087 CT: 177244 BH: 75689

1 @ 25.98 = 25.98 ASSUM NAME # 2