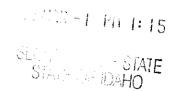


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.



	WMS Design
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Steven C. Jessup	4549 W Moon Lake Dr Meridian, ID 83642
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining	ntion and Public Utilities
Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed:	
WMS Design	Basement West
4549 W Moon Lake Dr	PO Box 83720 Boise ID 83720-0080
Meridian, ID 83642	208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment Phone number (optional):
	Secretary of State use only
nature: allum Lopsus	IDAHO SECRETARY OF STATE OF ST
(signature required)	42000 4
nted Name: Steven C. Jessup	IDAHO SECRETARY OF
	93/01/2005

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