

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

98 NOV -6 AM 11:03

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

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

ERGOWORKS

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

<u>Name</u>	<u>Complete Address</u>
<u>DAVID McFARLAND-SMITH</u>	<u>2981 W. KANDICE ST.</u>
<u>STACEY McFARLAND-SMITH</u>	<u>MERIDIAN, ID 83642</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 208 288-1466

DAVID McFARLAND-SMITH
2981 W. ~~KANDICE~~ KANDICE ST.
MERIDIAN ID 83642

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 acknowledgment copy is (if other than # 4 above):

Signature: DMcFarland-Smith
Printed Name: DAVID McFARLAND-SMITH
Capacity: CO-OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/1998 09:00
CX: none CT: 186419 BH: 159526

1 @ 20.00 = 20.00 ASSUM NAME # 2
D19740

g:\corp\formatlabn.pms Revision 2/97