

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

2005 DEC -5 PM 1:19

SECRETARY OF STATE STATE OF IDAHO

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

Sprink	lers By Design
The true name(s) and business address(     business under the assumed business na	(es) of the entity or individual(s) doing ame:  Complete Address  556 Southside Blvd  Melba, ID 83641
3. The general type of business transacted	
Wholesale Trade ☐ Construction  Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Sprinklers By Design  461 Harris View Way  Melba, ID 83641	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
<ol> <li>Name and address for this acknowledge copy is (if other than # 4 above):</li> <li>Sprinklers By Design</li> </ol>	nent Phone number (optional):  (208)495-2201
556 Southside Blvd Melba, ID 83641	Secretary of State use only
gnature: (signature required) rinted Name: David E Blaylock	IDAHO SECRETARY OF STATE  12/06/2005 05=6
apacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  12/06/2005 05:( CK: 1026 CT: 150010 RH; 925

1 @ 25.00 = 25.00 ASSUM NAME # 2

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