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## **ESS NAME** CERTIFICATE OF ASSUMED BUS

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned adoption of an Assumed Business Name.

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

NETWORK DESIGN PROFESSIONALS

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

. Name	Address )	-24/
Max D. Crapo	10 78 North 4000 WEST Kextury II	85440
	1078 North 4000 West Reducy ID	0 20116
Vicki R. Crapo	1078 Nov th 4000 West Nothing IU	82740
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3. The general type of business transacted under the assumed business name is:

tworking sales & Service

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

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Protessiona Signed,

Submit Certificate of Assumed

Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 04/11/1997 0900 81991 CK #: 7156 CUST# 79703 ASSUM NAME 10 20.00= 20.00