

## CERTIFICATE OF ASSUMED BUSINESS NAME

OT NOV 29 AM 9: 09

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:      ECLIPSE DESIGNADERS	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  ALISON A, MAUCK  Con	Complete Address 30 SPURWING LP # 20/ SUR D'ALENE, ID 838/5
3. The general type of business transacted under to	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  ALISON MANCK  W30 SPURWING LP #20/	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
COEUR D'ALGNE, ID 83815	(208) 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	
	Secretary of State use only
gnature Just Mauck (Signature required)	
gnature: Manck - Manck	IDAHO SECRETARY OF STATE 11/29/2007 05:00 CK: 201464 CT: 158010 BH: 10873 1 0 25.00 = 25.00 ASSUM NAME
(see instruction # 8 on back of form)	D 11716/