

Capacity: /)When

(see instruction #8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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227			
ASSUME Pursuant to Section submits for filing a constitution of the section of th	TIFICATE OF D BUSINESS NA 53-504, Idaho Code, the under ertificate of Assumed Business of or print legibly. Ons on reverse before filing	orsigned s Name.	2.09 Char
Sign Desi	Siness address(es) of the	entity or individual(s) doing	
Name Marie C. Denn	<del>y 49</del>	Complete Address  9 Johnston Lane ummer, 1D 83851	_
Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance  4. The name and address to correspondence should be Sign Design Had Johnston Plummer, ID 83	☐ Transportation and P☐ Construction☐ Agriculture☐ Mining , and Real Estate which future	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	
<ol> <li>Name and address for the copy is (if other than # 4 above).</li> </ol>	is acknowledgment	Phone number (optional): 208-686-2381	
ignature: <u>Marie</u> C. S Printed Name: <u>Marie</u> C.	Denry Denry Denry	Secretary of State use only	

IDAHO SECRETARY OF STATE
10/18/2001 05:00
CK: 477 CT: 152562 BH: 424918
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