

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 MAY 21 PM 2: 12

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersigned business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name SHEPHERSS JABIE /NC / (C192881)	entity or individual(s) doing Complete Address LSIZ INSTITUTE WAY FOST FALLS, IN 83854
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: LIGHT WORKS 65/2 W. SETTIE WAY FOST FRUS, ISAHO 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): (404) 370 - 90	
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 05/21/2015 05:00 CK:1037 CT:282213 BH:147657 16 25:00 = 25:00 ASSUM NAME
Printed Name: FRANK LICKETTI	D 100 -

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Capacity/Title:____