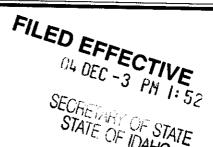


(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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



The assumed business name which the undersign	and use(a) in the transaction of
business is:	ied use(s) in the transaction of
A to Z LIGHTS	
•	
2. The true name(s) and <u>business</u> address(es) of the	e entity or individual(s) doing
business under the assumed business name:	( )
Name Name	Complete Address
- JUNE ROBNETT 3168	BY N. HIDDLE AVE
P. C	BOX 938
	RIT LAKE, IDAHO 83869
3. The general type of business transacted under the	assumed husinges name in
_	
Retail Trade Transportation and Po	ublic Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
JUNE ROBNETT	PO Box 83720
P.O. BOX 938	Boise ID 83720-0080
- SPIRITLAKE, IDAHI 83869	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than # 4 above).	/ · \
	(208) (023-10498
	Secretary of State use only
	coordary of state use only
Du. p65	
Signature: Kighature required)	TRAUG
Signature: Capacity/Title: ()U/NED.	IDAHO SECRETARY OF STATE  12/03/2004 05:00  CK: 5373 CT: 15888 PM: 72774
Capacity/Title: OUNER	CK: 5373 CT: 158010 BH: 779718 1 @ 25.00 = 25.00 ASSUM MANE # 2