

Capacity/Title: <u>(N)</u>

(see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filling a certificate of Assumed Business Name. 17

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

The true name(s) and business address business under the assumed business n	(es) of the entity or individual(s) doing ame:
Name	Complete Address
LORI H. Hyde	1550 Yellowstone Avenue #85
	Pocatello, ID 83701
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio	ion and Public Utilities
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estat	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Lori A. Hude.	Basement West
	PO Box 83720 Boise ID 83720-0080
	208 334-2301
Poratello, ID 83201	
5. Name and address for this acknowledge	nent Phone number (optional):
CODY IS (If other than # 4 above):	(208) 238 - 3281
_same as #4	
	Secretary of State use only
Soi A Hide	d ok/2003
nature: (elgreture required)	2003
ted Name: Wai A. Hude	ed O4/2003

IDAHO SECRETARY OF STATE 07/29/2004 05:00 CK: 524 CT: 158010 BH: 758104 1 0 25.00 = 25.00 ASSUM MANE # 2