



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

11 OCT 19 AM 11:22

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

POSITIVE DECISION

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

83714

KATHLEEN LOCHRIDGE

4750 WINDWARD CT GARDON CITY

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

4750 WINDWARD CT
GARDON CITY 83714

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Kathleen Lochridge

Printed Name: KATHLEEN LOCHRIDGE

Capacity/Title: OWNER/OPERATOR

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

D150832

IDAHO SECRETARY OF STATE
10/19/2011 05:00
CK: CASH CT: 158010 BH: 1294855
1 @ 25.00 = 25.00 ASSUM NAME # 2