(see instruction # 8 on back of form)

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on regions.)



To	the SECRETARY OF STATE, STATE O Pursuant to Section 53-504, Idaho C gives notice of adoption of an Assum	ode, the un	dersigned 107/0.
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	LOTE GRATED	Conce	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Susan BRELIN-BECHIO	1809	Complete Address
		COEUR	DALENE TD 838/
3.	The general type of business transacted (mark only those that apply)	under the a	assumed business name is:
	☐ Retail Trade ☐ Manufactur ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction		Transportation and Public Utilities, Finance, Insurance, and Real Estate Mining
	The name and address to which future correspondence should be addressed:	Phone nur	nber (optional):
			Submit Certificate of Assumed Business Name and \$20.00 fee to:
× 5.	Name and address for this acknowledgme copy is (if other than # 4 above): MT WEST Bank	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Croup TO DIENE TO 88814	£ &	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	re: \$ 200 h - \$ 8	Remion 2/3	11/09/1998 09:00 CK: 2735 CT: 106500 BH: 159905
Printed Name: SUSAN Breliw-Be		To the second	1 8 28.88 = 28.88 ASSUM NAME # 2
Capacity:		adapter (D19752