

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| The assumed business name which the under business is: | ersigned use | (s) in the transaction | on of |
|---|--|--|------------------|
| Project Lyme | 2 Gre | en | |
| 2. The true name(s) and business address(es) of business under the assumed business name: Name Michael Ashworth Jordan Ashworth | of the entity of | or individual(s) doi mplete Address | |
| The general type of business transacted under Retail Trade Transportation a | | | e is: |
| Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate | A | ubmit Certificate of ssumed Business ame and \$25.00 fee | e to: |
| 4. The name and address to which future correspondence should be addressed: Project Lyme Green 3195 Gus to Fson Dr. Idaho Fulls, ID 83402 | 7 B P | ecretary of State 00 West Jefferson asement West O Box 83720 oise ID 83720-0080 08 334-2301 | |
| Name and address for this acknowledgment copy is (if other than # 4 above): | ; Ph | one number (option | al): |
| Mike Aslaworth 3195 Gustatson Dr. Idaha Fells, ID 83402 | 990 | Secretary of State u | se only |
| Signature: | gikonpitomstabn formstabn p66 Revised 04/2003 | IDAHO SECRETI | |
| Capacity/Title: <u>Event Coordinator</u> | g:kcorp/fo | 84/89/28 CK: 60820 CT: 26 1 0 25.00 = 25.0 | 9093 BH: 1319004 |

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