



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 NOV 25 AM 9:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

CANNON LAW FIRM

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

Ned A. Cannon

Towne Square

504 Main Street, Suite 420

Lewiston, Idaho 83501

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 | |

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

Ned A. Cannon, Cannon Law Firm

Towne Square, 504 Main Street, Suite 420

Lewiston, Idaho 83501

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

Same as #4 above.

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

Secretary of State use only

Signature: Ned A. Cannon

Printed Name: Ned A. Cannon

Capacity/Title: Lawyer; Owner/Proprietor

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
11/25/2013 05:00
CK: 3342 CT: 251071 BH: 1399444
1 @ 25.00 = 25.00 ASSUM NAME # 2

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