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

To the SECRETARY OF STATE, STATE OF IDAHO

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

	Pursuant to Section 53-504, Ide gives notice of adoption of an A	aho Code, the undersigned
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	Lakeshore Sale	
2.	The true name(s) and business address(e business under the assumed business name  Name  Name  Panald F. Anderson	cs) of the entity or individual(s) doing me is/are:  Complete Address  1101 E. Lakeshere Dr.  Covers of Alene ID 83814
3.	The general type of business transacted under the assumed business name is:	
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed:	Phone number (optional):
	Same	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmer copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
gnatu	re: Tall of Calls	IDAHO SECRETARY OF STATE
rinted	Name: Donald F. Anderson	94/12/2001 09:00 CK: 2139 CT: 136710 BH: 399731
apacit	y: Orner	CK: 2139 CT: 136710 BH: 399731  1 9 28.80 = 26.60 ASSUM NAME # 2
	(see instruction # 8 on back of form)	Bloomly Co. L. L. L. C.

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