

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. 2015 JAN -7 AM 9: 08

SECRETARY OF STATE STATE OF IDAHO

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

Lenz Designz	
P. The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Stacey Lenz	
B. The general type of business transacte Retail Trade Transporta Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities tion re Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Stacey Lenz 165 6th St. North Nampa, Idaho 83687	Secretary of State
5. Name and address for this acknowledg copy is (if other than # 4 above):	pment
	Secretary of State use only
nature: Stacey Lenz pacity/Title: Sole Proprietor	IDANO SECRETARY OF STATE 01/07/2015 05:00 CK:528 CT:111216 BH:14558

CK:528 CT:111216 BH:1455892 1@ 25.00 = 25.00 ASSUM NAME #2

D175883

Capacity/Title:___

Signature: ____

Printed Name: