Printed Name:

Capacity/Title:

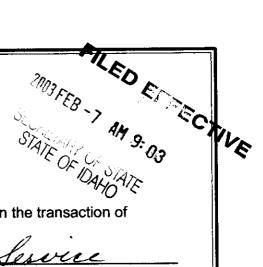
(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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 undersigned business is:	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Patricia M Lauley	entity or individual(s) doing  Complete Address  House 317 South  Esome, Idaha 83338
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  ### ### ### ### ### ### ############	Secretary of State 700 West Jefferson Basement West PO Box 83720
Jerome, IO 83301	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  208-324-2024
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IDAHO SECRETARY OF STATE

92/97/2003 95:00

CK: 2282 CT: 146686 BH: 661523

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