## **CERTIFICATE OF**

## FILED/EFFECTION:

## ASSUMED BUSINESS NAME 103 MAR -6 M 9: 05 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. STATE OF IDAHO

NOTE: See instructions on reverse before filing.

1. The assumed business name which the und business is:  if iq \( \text{Country} \text{Lom} \)  2. The true name(s) and business address(es)	6 er
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  SHANN LISH	i:  Complete Address  4223 MINE CRECK ROAD  ARBON IDAKO 83212
3. The general type of business transacted units    Retail Trade	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):  Signature: Shawn Lish Printed Name: Shawn Lish	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  ### ### #### #######################
Capacity: OWNER	CK: 1187 CT: 158910 BH: 666824 1 0 20.00 = 20.00 ASSUM NAME #