

Printed Name: Lews De F

Capacity/Title: MANAGER / Executor

(see instruction # 8 on back of form)

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.

09 OCT -7 PM 3: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

business under the assumed business na Name LEUIS DE ParalE	es) of the entity or individual(s) doing ame: Complete Address 1223 S LAVE FOURTE WAY
	EAGLE 1D 83616
The general type of business transacted	under the assumed business name is:
Retail Trade Transportati Wholesale Trade Constructio	on and Public Utilities n
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: LEWS DE Para P	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
1223 S LAKE POWIE WAY EAGLE 10 23616	(208) 334-2301
 Name and address for this acknowledgr copy is (if other than # 4 above); 	nent

IDAHO SECRETARY OF STATE
10/07/2009 05:00
CK: 319992 CT: 172099 BH: 1190223
1 0 25.00 = 25.00 ASSUM MANE #

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