Capacity/Title:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name.

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

## FILED EFFECTIVE

12 APR 20 PM 4: 34 SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address business under the assumed business Name  Clifford L. Noll	ss(es) of the entity or individual(s) doing
3. The general type of business transactors    Retail Trade	tation and Public Utilities ction
Finance, Insurance, and Real E.  4. The name and address to which future correspondence should be addressed  Plant Part Lawrence  715 N. 13th St.  Coeur d'Alene, iD 83814	Secretary of State
5. Name and address for this acknowled copy is (if other than #4 above):	igment
Older I Theo	Secretary of State use only
rinted Name: Clifford L. Noll	
capacity/Title: member/agent	
ignature:	

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