

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

submits for filing a certificate of Assumed Busin	ness Name. 13 Pil 2: 68
Please type or print legibly.  NOTE: See instructions on reverse before	filling. The Fine Shall
The assumed business name which the under business is:     ABLE REAL ESTRIE IN	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Don F LEHMEN  Valarie J. Hill	the entity or individual(s) doing  Complete Address  CII Box 84-C Kamiah Id  CII Box 84-C Kamiah Id  6353
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	nd Public Utilities  Submit Certificate of
☐ Manufacturing ☐ Mining  Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Don Lehman Volarie Hill Box 84-C  Kamiah Id 83536	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 935-0108
gnature: Walarie Q. Kiel)	Secretary of State use only

Sig Printed Name:

Capacity/Title: Owner

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

01/14/2003 05:00

CK: 1188 CT: 158010 BH: 656643
1 9 20.00 = 20.00 ASSUM NAME # 2

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