

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 MAY 13 PM 4: 16

FILED EFFECTIVE

SELECTION OF A CO.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

Capacity/Title: Owner / Trainer

SECRETARY OF STATE . STATE OF IDAHO

Sand Hill East	•
he true name(s) and business address(e usiness under the assumed business name  Name  De Ann Flower	ne) of the entity or individual(s) doing me:  Complete Address  180 N. 3950 E.  Rigby Td 8344
THE LIGHT HOUSE THE	on and Public Utilities
<ul> <li>Wholesale Trade</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
180 N. 3950 E Righy Id. 83442	- 208 334-2301  Phone number (optional):
Name and address for this acknowledg copy is (frother than #4 above):	ment 208 - 360 - 1268
Same as 4	Secretary of State use only

IDANO SECRETARY OF STATE @5/13/2010 @5:00 CK: 3835 CT: 158018 BM: 1222186 1 0 25.00 = 25.00 ASSUM NAME 1 2

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