

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

[19] [1] -7 [2] [2] [49]

Please type or print legibly.

SHOWER TO POLICE

business is:  Home Team Manage	ned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name:  Name  Lindi Lewallen Portage Porta	e entity or individual(s) doing  Complete Address  Box #548 Hailey  Box 4548 ID83
The general type of business transacted under the	
Retail Trade Transportation and F Wholesale Trade Construction	ruphe offilles
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  Home Team Management PO.Box 4548 Hailer TD 83333	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Phone number (optional): 720-32-52

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IDAHO SECRETARY OF STATE

95/98/2007 95:00

CK: 7553 CT: 123778 BH: 1052279
1 8 25.00 = 25.00 ASSUM NAME # 2

ted Name: Capacity/Title:\_\_\_\_\_

(see instruction # 8 on back of form)