

Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

2016 AUG 17 AM 8: 47

**FILED EFFECTIVE** 

Title 30, Chapter 21, Part 8, Idaho Code.

SECRETARY OF STATE STATE OF IDAHO

Filing fee: \$25.00.

1. TI	he assumed business nam	ne which the undersign	ed use(s) in the t	ransaction of business	s is:
	Stary Leglia	Bookkeeping	Secrices	2	
_		٠ ,			
	he individual and/or entity ne assumed business nam	1e (do <u>not</u> include the name	you listed in #1):		
(1	Stacy Lestie Name)	(Address)	1000 Dr, (	Down D'Alene	
(1	Name)	(Address)			
(1	Name)	(Address)			
(I	Name)	(Address)		may garan kangan kangan kangan sangan sa	
3. The general type of business transacted under the assumed business name is:					
	Retail Trade Wholesale Trade	Construction Agriculture	Minin	•	
)	< Services €	Manufacturing	Finan	ce, Insurance, and Rea	al Estate
4. M	lailing address for future co	orrespondence:	5. Name and a copy is (if other	ddress for this acknow	ledgment
, <u> </u>	Stay Leslie		(Name)		· · · · · · · · · · · · · · · · · · ·
(^	4020 W Calzad	Dr	(Address)		
(C	Dev D'Alene I	b 83815 tate) (Zipcode)	(City)	(State)	(Zipcode)
Printe	ed Name: Stacy Le	eslie		Secretary of State use only	
Signa	ature: Add	·	IDAHO SECRETARY OF STATE 08/17/2016 05:00		
Printed Name:			CK:1	50 CT:327963 BH:19	542330
Sign	ature:				
Printed Name:			D 188600		

Rev. 08/2015