

Signature:\_\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.



SECOPTABLY OF STATE

	STATE OF JOAHO .		
٦.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Idaho Consumer Law Firm		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):		
	Leland Faux, Esq. PLLC	490 Park Ave, Ste 1	0, Idaho Falls, Idaho 83402
	(Name)	(Address)	
	W188927		
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade	Construction	Transportation and Public Utilities
	Wholesale Trade	Agriculture	Mining
		Manufacturing	Finance, Insurance, and Real Estate
4.	Mailing address for future co	orrespondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
	Idaho Consumer Law Firm		
	(Name)		(Name)
	490 Park Ave, Ste 10 (Address)	<del></del>	(Address)
	Idaho Falls	83402	(Audiess)
		tate) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Leland Faux			Secretary of State use only
	l Doili	1	
Sig	gnature: Lele K	<del></del>	IDAHO SECRETARY OF STATE
Printed Name:			05/23/2018 05:00
	<del></del>		CK:129 CT:358207 BH:1645231
Signature:			1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:			N 202922

Rev. 08/2015