



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 APR -4 AM 10:15

1. The assumed business name which the undersigned use(s) in the transaction of business is:

LULABOE Trish McDONALD

SECRETARY OF STATE  
STATE OF IDAHO

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):

PATRICIA McDONALD, 316 9<sup>th</sup> AVE S, NAMPA, ID 83651

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

PATRICIA McDONALD  
(Name)  
316 9<sup>th</sup> AVE S  
(Address)  
NAMPA ID 83651  
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: PATRICIA McDONALD

Signature: Patricia McDonald

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/05/2016 05:00

CK:1398 CT:158010 BH:1522126  
10 25.00 = 25.00 ASSUM NAME #2

D185629