

Signature:

Capacity/Title:___

Printed Name: DiANA

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 SEP 24 AM 8: 29

Please type or print legibly.

Instructions are included on back of application.

SECRE PRY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: Lentle, Touch Oils	
	ntity or individual(s) doing Complete Address 23 Kathryn St. BOISE, ID 83705
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 8723 Kathryn ST. Boise, ID 83705	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Diana Coet	Secretary of State use only
Printed Name: DiANA COLT	
Capacity/Title: OWNer	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

09/24/2010 05:00

CK: 4291 CT: 158010 BH: 1240427
1 8 25.00 = 25.00 ASSUM NAME # 2

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