27	
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the unders submits for filling a certificate of Assumed Business N	signed Secure Town out the
Please type or print legibly.	•
NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
www,leddingchooks,com	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
	o Riviera Dr
	who Falls, Idaho 83404
<ul> <li>3. The general type of business transacted under the Retail Trade    Transportation and Pu    Wholesale Trade    Construction    Services    Agriculture    Manufacturing    Mining    Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed: <ul> <li>Shirley Codding</li> <li>Jano Riviera Ma</li> <li>Tdaho Falls, Tdaho saudd</li> </ul> </li> <li>5. Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ul>	ublic Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): <u>20%-206-060</u> %
Signature: Shirley & Codding Printed Name: Shirley & Codding Capacity/Title: owner (000 Instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/11/2005 05:00 CK: 631527 CT: 172099 BH: 916354 1 0 25.00 = 25.00 ASSUM NAME # 92.52.5

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