

Capacity/Title:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

10 OCT 12 AM 8: 54

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	Glacé
The true name(s) and <u>business</u> add business under the assumed busine Name      Lisa Keller	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u> 615 Crestview Avenue, Idaho Falls, ID 83402
Retail Trade Transport Wholesale Trade Constr Services Agricul	Iture Out to the terminal of t
<ul><li>✓ Manufacturing</li><li>✓ Mining</li><li>✓ Finance, Insurance, and Real</li></ul>	I Assumed Rusiness I
<ol> <li>The name and address to which future correspondence should be addressed.</li> <li>Lisa D. Keller</li> </ol>	ed: 450 North 4th Street PO Box 83720
615 Crestview Avenue Idaho Falls Idaho 83402	Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowle copy is (if other than # 4 above);</li> </ol>	edgment
nature: Fish Keller	Secretary of State use only
nted Name: Lisa D. Keller	
pacity/Title: nature:	
nted Name:	TROMO SECRETORY OF STAT

abn.pmd Rev. 07/2010

10/12/2010 05:00 CK: 7109 CT: 158010 BH: 1242543 1 @ 25.00 = 25.00 ASSUM NAME # 3

