

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2993 JUL 18 AM 8: 50

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

4C EN	NTERPRISES
The true name(s) and business address(substitution business under the assumed business name Name TRACY LANKFORD	es) of the entity or individual(s) doing ame: Complete Address 305 MAPLE STREET EMMETT, ID 83617
3. The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities n Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 4C ENTERPRISES 305 MAPLE STREET EMMETT, ID 83617	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional): 208-365-2786
	Secretary of State use only
gnature: Mag, Jan House (signature sequired)	IDAHO SECRETARY OF STATE ### ### ### ### ### ### ### ### ### #
inted Name: TRACY LANKFORD	IDAHO SECRETARY OF STATE O7/18/2903 05:
apacity/Title: OWNER	CK: 1191 CT: 171646 BH: 69