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CERTIFICATE OF ASSUMED BUSINESS NAM	
Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business Please type or print legibly.	
NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Light House Connections	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 	
Della Chipman	<u></u>
<u> </u>	BOX 544
STC	ur 10 83669
3. The general type of business transacted under the assumed business name is:	
 Retail Trade Transportation and P Wholesale Trade Construction 	ublic Utilities
 Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Della Chipman	PO Box 83720
6318 W. Moon Valley Rd Eagle 10 83616	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment CODV is (if other than # 4 above); 	Phone number (optional): 208-880-15-88
Della Chipman/Lighttouse Cor	viections
PO 130x 540	Secretary of State use only
<u>Star 10 83669</u>	
Signature: Deller - Chipman	
Printed Name: <u>Della L- Chipman</u>	
Signature: <u>Della L. Chipman</u> Printed Name: <u>Della L. Chipman</u> Capacity/Title:	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	08/07/2006 05:00 CK: 1278 CT: 158918 BH: 968832 1 # 25.89 = 25.60 ASSUM NAME #
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