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

02 MAR 25 AM 10: 39

SECRETARY OF STATE
STATE OF IDAHO

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:

   LEE FINANCIAL SERVICES

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
ROBERT ALAN LEE	829 EASTLAND DR. SOUTH TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☐ Services
- ☐ Manufacturing
- ☒ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

Submit Certificate of Assumed Business Name and **$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

   ROBERT LEE
   121 10TH AVE. EAST
   TWIN FALLS, ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature:

Printed Name: ROBERT LEE

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

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Revised 12/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
03/25/2002 05:00
CK: 897584697 CT: 158010 BH: 454539
1 @ 20.00 = 20.00 ASSUM NAME # 2

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