

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. 08 OCT 17 AM 8: 53

1. The assumed business name which the undersigned use(s) in the transaction of business is: EastLake 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 Shawn R Nance 561 1/2 North Water Ave #2 Idaho Falls, ID 83402 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Idaho Secretary of State correspondence should be addressed: 450 N 4th Street PO Box 83720 Boise ID 83720-0080 Shawn R Nance 561 1/2 North Water Ave # 2 (208) 334-2301 Idaho Falls, ID 83402 5. Name and address for this acknowledgment CODY IS (if other than #4 above): Secretary of State use only Signature: Printed Name: Shawn R Nance

IDAHO SECRETARY OF STATE 10/17/2008 05:00 CK: 1882 CT: 158818 BH: 1148498

