

Printed Name: _____

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.

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

FILED EFFECTIVE

2015MAR -3 AM 8: 09

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the u business is:	ndersigned use(s) in the transaction of
	Structures and Construction
2. The true name(s) and <u>business</u> address(e business under the assumed business national <u>Name</u> Leon Iroyer	
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Lean Traxer 9227 Kelly Rd Locley Idaho \$3876	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: June	Secretary of State use only
Printed Name: Leon Trover	IDAHO SECRETARY OF STATE 03/03/2015 05:00
Capacity/Title: wner	CK:11361 CT:307169 BH:1464392
Signature:	1@ 25.00 = 25.00 ASSUM NAME #2
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