

CERTIFICATE OF ASSUMED BUSINESS NAME

2006 AUG -4 AN 9:09

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.

LornArt	
2. The true name(s) and business address business under the assumed business n	· · · •
Name	Complete Address
Lorna Holloway	473 Crestview Drive
	Twin Falls Idaho 83301
	tion and Public Utilities
 Wholesale Trade ☐ Construction 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: Lorna Holloway	Secretary of State 700 West Jefferson Basement West PO Box 83720
473 Crestview Drive	Boise ID 83720-0080
Twin Falls Idaho 83301	208 334-2301
 Name and address for this acknowledg copy is (if other than # 4 above). 	ment Phone number (optional): 208-490-1845
	Secretary of State use only
gnature: Ana clusar (sprature required) nted Name: Lofna Holloway	Sabr forms and f

owner

(see instruction # 8 on back of form)

Capacity/Title:_____

IDAHO SECRETARY OF STATE

08/04/2006 05:00

CK: 1324 CT: 158818 BH: 968411

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