	CATE OF FILED EFFECTIV
	4, Idaho Code, the undersigned
submits for filing a certificat	
Please type or pl	
NOTE: See Instructions on	n reverse before filing. SECRETARY OF STATE
· · · · · · · · · · · · · · · · · · ·	
<ol> <li>The assumed business name business is:</li> </ol>	which the undersigned use(s) in the transaction of
INe(1e	raning tairy
2. The true name(s) and busines	ss address(es) of the entity or individual(s) doing
business under the assumed l	business name:
Name	Complete Address
Gina L. DeLoner	4 920 N. Shannon Ln. Postfalls
William E. Delone	
	transacted under the assumed business name is: Fransportation and Public Utilities
🗌 Wholesale Trade 🔲 C	Construction
Services	Agriculture Submit Certificate of
Manufacturing 🔲 N	Mining Assumed Business
Finance, Insurance, and	Real Estate Name and \$25.00 fee to:
4. The name and address to which	ch future Secretary of State
correspondence should be add	dressed: 700 West Jefferson
Gina L. Delonein	Basement West PO Box 83720
Popul di	Boise ID 83720-0080
Post Falls 1D 83854	208 334-2301
5. Name and address for this ac	cknowledgment Phone number (optional):
COPY IS (if other than # 4 above):	(208)659-6/33
	Secretary of State use only
	19
- Aling Of	
Signature:	
	nen IDAHO SECRETARY OF STOTE
Printed Name: Gin L. Delou	ALL ES PARTE STATE
	CK: 2503 CT: 158818 BH; 1942
Printed Name: <u>Gim L. Delon</u> Capacity/Title: <u>DIDNEX</u> (see instruction # 8 on back of form)	CK: 2503 CT: 158010 BH: 1042 1 0 25.00 = 25.00 ASSUM NAME

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