



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **10 AUG 16 AM 8:43**
submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Hands Free Now

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

Dennis E Lamphere

P. O. Box 437, Moyie Springs, ID 83845

Linda L Lamphere

P. O. Box 437, Moyie Springs, ID 83845

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Dennis E. Lamphere

P. O. Box 437

Moyie Springs, ID 83845

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

Same

Secretary of State use only

Signature: Dennis E. Lamphere

Printed Name: Dennis E. Lamphere

Capacity/Title: Owner

Signature: Linda L. Lamphere

Printed Name: Linda L. Lamphere

Capacity/Title: Owner

0141450

IDAHO SECRETARY OF STATE
08/16/2010 05:00
CK: 1523 CT: 150010 BH: 1234771
1 @ 25.00 = 25.00 ASSUM NAME # 2