

Printed Name: ___

Capacity/Title:__

BARBARA HARP

Sole Proprietor

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2005 JUN -6 ATTION 1.8

Please type or print legibly.
NOTE: See instructions on reverse before filing.

Lighten Up!	
2. The true name(s) and business address(establishess under the assumed business name Name Barbara Harp	s) of the entity or individual(s) doing ne: Complete Address 4644 U.S. Highway 93, Mackay 83251
The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Mining Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Lighten Upl, Barbara Harp, 4644 U.S. Highwa	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Name and address for this acknowledgmen copy is (if other than #4 above):	208 334-2301
~ .	
Barbara Harp	
Barbara Harp 4644 U.S. Highway 93	Secretary of State use only

IDAHO SECRETARY OF STATE 66/205 65 200 CK: 97 CT: 158010 BM: 814413 1 2 25.00 = 25.00 ASSUM MANE # 2

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