

Printed Name: \\_\\_S

(see instruction #8 on back of form)

Capacity/Title: (

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

	ME signed Name.  SAME OF OFFICE OF TO SHAPE OF THE SHAPE
CERTIFICATE OF	20 EFF
ASSUMED BUSINESS NAM	ME CONTRACTOR
Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business I	signed
Please type or print legibly.	Stark 1 2.56
NOTE: See instructions on reverse before filing	1. ON THE
The assumed business name which the undersign business is:	
$\mathcal{L}$	ا
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business name:  Name	Complete Address
C see lind wist &	CZ Ith St
La sampa andopisc	ceur d'Alone TD
	83814
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F	Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$20.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
SCO 11m St	Basement West PO Box 83720
102 de 30.	Boise ID 83720-0080
Coeur d'Alene LP	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
5. Name and address for this acknowledgment CODY is (if other than # 4 above):	7 (8:7105-1991)
1001 511:01 - 1 - 0	<u> </u>
Coeur d'Alene IP	Secretary of State use only
00817	

IDAHO SECRETARY OF STATE

15/2002 05:00

CK: 2719999935 CT: 158010 BH: 482912

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