

## 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.

06 AUG -3 PM 3: 07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

D 102393

		STATE OF IDAHU
1. The assumed business name which the und	ersigned	duse(s) in the transaction of
business is:  LAWSON ENTERPRISE	<u> </u>	
The true name(s) and <u>business</u> address(es) business under the assumed business name.		ntity or individual(s) doing
<u>Name</u>		Complete Address
LINIDA DOREEN LAWSON	111	
KRISTINE LOUISE LAWSON	107	1 E 1ST STREET EMMETT
3. The general type of business transacted und	der the a	assumed business name is:
Retail Trade Transportation  Wholesale Trade Construction Services Agriculture	and Pub	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  1117 E 151 STREET	2	Secretary of State 700 West Jefferson Basement West PO Box 83720
EMMETT ID 83617	·	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen	nt	Phone number (optional):
COPY is (if other than # 4 above):		DO8. 365-4122
		Secretary of State use only
Lind James	arpiformstatin formstatin.p65 Revised 04/2003	
gnature: Sinds Rawson (signature required)	formstaton formst Revised 04/2003	IDAHO SECRETARY OF STATE
inted Name: LINDA LAWSON	Morms/sa Revisex	08/03/2006 05:00 CK: <u>8</u> 988 CT: 158810 BH: 968356
apacity/Title: Co・own ヒァ	<b>€</b>	1 0 25.00 = 25.00 ASSUM NAME