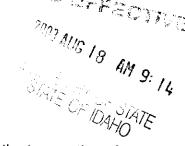
(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



	JAHO "E
The assumed business name which the undersigned business is:	ed use(s) in the transaction of
, , , , , , , , , , , , , , , , , , ,	e Moving
2. The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Lauren Bisbee 7	Complete Address 12 Main Street
Sa	ndpoint, ID 83864
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction	iblic Utilities
☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed: The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-265-0664
	Secretary of State use only
ignature: Auren Bisbee rinted Name: Lauven Bisbee capacity/Title: Owner	D68114
Capacity/Title: Owner	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	08/19/2003 05:00

IDAHO SECRETARY OF STATE **08/19/2003 05:00**CK: 7103 CT: 172353 BH: 697091

1 0 25.00 = 25.00 ASSUM NAME # 2