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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, idaho Code, th submits for filing a certificate of Assumed E Please type or print legibly. NOTE: See instructions on reverse befor	S NAME he undersigned Business Name. SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the une business is: LITTLE WOR 	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business nam Name APRIL COOK SHAWN COOK) of the entity or individual(s) doing le: Complete Address 919 BRYDEN AVE. LEWISTON, IDAHO 83501
 3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>APRIL COOK</u> <u>919 BRYDEN AVE.</u> <u>LEWISTON, IDAHO 83501</u> 5. Name and address for this acknowledgment copy is (frother than #4 above):	and Public Utilities 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 208 334-2301
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 12/28/2006 05:00 CK: 1084226 CT: 172099 BH: 1022878 1 # 25.00 = 25.00 ASSUM NAME # 2

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