

Capacity/Title: Buner

(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.

FILED EFFECTIVE

09 APR -6 AM 9:01

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(e business under the assumed business nar	ne:
Carla K. Leafty	Complete Address 10255 E. Old Oregon Trail Ra #13
	Lowa Hot Springs, ID 83246
3. The general type of business transacted u	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Carla Leafty 10255 E. Old Oregon Trail Rd	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Lava Hut Springs, ID 8324	16
Name and address for this acknowledgm copy is (if other than # 4 above):	
and the second control of the second	208-540-0688
	Secretary of State use only

1BAHO SECRETARY OF STATE **84/86/2009 05:00** CX: 221 CT: 158918 BH: 1164617 1 0 25.98 = 25.08 ASSUM NAME 0 2

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