

Printed Name:

(see instruction # 8 on back of form)

Capacity:

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 filling. FILED/EFFEC IVE

02 JAN 17 AH 7: 26

STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:	
Name Lonny Shepherd R	Complete Address 2660 N. WATERLILLY U DISE IDA. 83703
The general type of business transacted under the Retail Trade Transportation and Pu	
 Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: 660 N WATER Lilly WAY Polse TDA. 87703	Secretary of State 700 West Jefferson Besement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (308)353-1699
	Secretary of State use only

IDAHO SECRETARY OF STATE

1/1/2/20/2 25:00

CK: 7575603738 CT: 142685 BH: 440809
1 0 20.00 = 20.00 ASSUM NAME # 2