

Capacity/Title:

CERTIFICATE OF

FILED EFFECTIVE ASSUMED BUSINESS NAME 12 JAN -9 AN 9: 14

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

SECTION OF STATE STATE OF IDAHO

instructions are included on back of application.

	Luedeman Consulting
The true name(s) and <u>business</u> action business under the assumed busi Name Ronald Luedeman	ddress(es) of the entity or individual(s) doing iness name: <u>Complete Address</u> 31 S Lavaside Rd, Blackfoot, ID 83221
Retail Trade Trans Wholesale Trade Cons	sacted under the assumed business name is: sportation and Public Utilities struction
☐ Manufacturing ☐ Mini ☐ Finance, Insurance, and Re	ing Submit Certificate of Assumed Business
The name and address to which fit correspondence should be address Ronald Luedeman PO BOX 1471	450 North 4th Street PO Box 83720 Boise ID 83720-0080
Blackfoot, ID 83221	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	wledgment
Ronall Tola	Secretary of State use only
gnature: Konshf Judena rinted Name: RONALD LUCA	lenan
apacity/Title:	
gnature:	
rinted Name:	CX: 13/3 CT: 158010 BH: 130537 1 8 25.88 = 25.80 ASSIM MARE

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