CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 56 PM '97 gives notice of adoption of an Assumed Business Name of STATE			
busines	tumed business name which the ts is: LITAIN VIEW CONTRA	-	e(s) in the transaction of
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Con	nplete Address
Micha	el C Coedova une E Cordona	14623	Galloway RD.
SUZA	UNE E CORDONA	CAldwil	1,70 83605
	The general type of business transacted under the assumed business name is: (mark only those that apply)		
☐ wh	tail Trade	☐ Fina	nsportation and Public Utilities ance, Insurance, and Real Estate ing
corresp	me and address to which future ondence should be addressed:	Phone number	(optional):
,	THUS VIEW CONTERCTING		Submit Certificate of Assumed Business
	3 GALLOWAY RD.		Name and \$20.00 fee to:
CALI	DWELL, 1D 73605		Secretary of State 700 West Jefferson
5. Name a	nd address for this acknowledgm	ent.	Basement West
copy is	(if other than # 4 above).		PO Box 83720
**************************************			Boise ID 83720-0080 208 334-2301
- Minney			Secretary of State use only
	_	6	

Signature: 11

Printed Name: Michael C CORTOUR

Capacity:

(see instruction # 8 on back of form):

IDAO SCREAMY OF STREE CLETA BOOKS RESIDENT NAME 18 20.00= 20.00

D