

CERTIFICATE OF ASSUMED BUSINESS NAME

03 APR 24 PM 2:48

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(signature required)

Printed Name:

Capacity/Title:

Lysvette Henderson

Owner / Member

(see instruction #8 on back of form)

Classic Curbs LSA	
The true name(s) and business address(obusiness under the assumed business national Name Lysvette Henderson Scott Henderson	
Scott Heriderson	5730 VV. Angelica Dt., Metidian ID 63042
Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Classic Curbs LSA	Basement West PO Box 83720
3736 W. Angelica Dr.	Boise ID 83720-0080
Meridian ID 83642	208 334-2301
Name and address for this acknowledgr copy is (if other than # 4 above):	ment Phone number (optional): 208-465-4752

IDAHO SECRETARY OF STATE

04/24/2003 05:00

CK: 2757 CT: 158010 BH: 676733

1 8 25.00 = 25.00 ASSUM NAME # 2

D 64726