

Signature:

Printed Name:

Capacity/Title:\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

IDAHO SECRETARY OF STATE

66/15/2607 65:80

CK: 188578384824 CT: 158818 BH: 1868153
1 8 25:88 = 25:89 ASSUM NAME 8 2

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

200 JUN 15 PM 8: 39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before fil	SECRETARY OF SECRETARY
<ol> <li>The assumed business name which the unders business is:</li> </ol>	igned use(s) in the transaction of
Idalic Sign	Slicp
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Lividia Management Augusta (1988)	the entity or individual(s) doing  Complete Address  191E 1 <sup>s+</sup> N  Rigby ID 83442
3. The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Lindy McKay  1914 1914  Righty LD \$3443	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only