

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF			
	ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business Name	ned Milling CFF	
	Please type or print legibly. NOTE: See instructions on reverse before filing.	PH 2:04	
	The assumed business name which the undersigned business is:  LECKINGTON ENTER	use(s) in the transaction of	
	business under the assumed business name:		
	Shawn Leckington 102	Complete Address  6 E / 300 N	
		83274	
3.	3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Construction		
	Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
	The name and address to which future correspondence should be addressed:  5 NAWN LECKING TON	Secretary of State 700 West Jefferson Basement West PO Box 83720	
	10310 E 1200 N Shelley 10 83274	Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):	
	280 W	Secretary of State use only	

Signature: Signature required)

Printed Name: MANN LECKING FUN Capacity/Title:

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE **96/17/2004 95:00** CK: 7868 CT: 158010 BH: 751864 1 8 25.80 = 25.80 ASSUM NAME # 2

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