

Capacity/Title:\_\_

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2007 JUL 18 AM 8: 49

## Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

D113407

LEONARD PRODUCT  The true name(s) and <u>business</u> addr business under the assumed busine  Name	ess(es) of the entity ss name: <u>Cc</u>	omplete Address	
Frank W. Leonard	504 Morai	ing Dove Way	
	_ 7.0.Box.		
	Mersing	, ID 8.3639	
The general type of business transa	cted under the assu	med business name is:	
Wholesale Trade Constr		Jtilities: 1000	7
Services Agricu  Manufacturing Mining  Finance, Insurance, and Real		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
The name and address to which futicorrespondence should be addressed	ıre ed:	Secretary of State 700 West Jefferson Basement West	
LEGNARD PRODUCTS CO. P. O. Box 59.5	<del></del> -	PO Box 83720 Boise ID 83720-0080 208 334-2301	
Marsing, ID 83639	· · · · · · · · · · · · · · · · · · ·		_
. Name and address for this acknow	ledgment P	hone number (optional):	
COPY IS (if other than # 4 above):	(	208) 896-5540	
		Secretary of State use only	
	abn formskabn.p65		