CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 APR 22 AN 8: 47

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

STATE OF TOMO

	submits for filing a certificate of the	
-	- wint ladibly.	
	NOTE: See instructions on reverse better	
	The assumed business name which the undersigned use	(s) in the transaction of
	The assumed business name which the undersigned assumed as the contract of the contract of the contract of the undersigned as the contract of the cont	\",
٦.	business is:	
	L+M Creations	
	L+M Creations	ar individual(s) doing
	The true name(s) and business address(es) of the entity	or individual(a) as a
2	The true name(s) and business data business name: business under the assumed business name:	omplete Address
	business under the about	omplete Address
	Name LaNetta Maxfield 1920, May	flower way
	Labetta Maxtiela Brown	0 63709
	3. The general type of business transacted under the assi	umed business name is:
	2. The general type of business transacted under the dos	
	Transportation and Public	Utilities
	Retail Trade Transportation	
	Construction	Submit Certificate of
	- Addiculture	Assumed Business
	Services Mining	Name and \$25.00 fee to:
\	Manifacturity -	Name and the
1	Finance, Insurance, and Real Estate	Secretary of State
	4. The name and address to which future	700 West Jefferson
	4. The name and address to the correspondence should be addressed:	Basement West
	Correspondence	PO Box 83720
	LaNetta Martield	Boise ID 83720-0080 208 334-2301
\parallel	1920 Maxfield 1920 Maxflower Way	208 334-2301
	Hoise ID 83709	la a continual)
	POSC /P-s-line puledament	Phone number (optional):
	5. Name and address for this acknowledgment	
1	copy is (if other than # 4 above):	
		Secretary of State use only
		Secretary of our
	Tales &	
	Signature: Signature required	IDAHO SECRETARY OF STATE
	100	04/22/2005 05:00
	Printed Name: La Netta Maxtiera	CK: 3559 CT: 158010 BH: 806189
\	Capacity/ title.	• • • • • • • • • • • • • • • • • • • •
	(see instruction # 8 on back of form)	

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