

Capacity/Title: Owner

Capacity/Title:

Signature:

Printed Name: _____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transactions.	ction of Angles
submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application.	300 AUG 13 AU
Please type or print legibly. Instructions are included on back of application.	3/3/3/0 1/4
	~ 3000 ~ ~
The assumed business name which the undersigned use(s) in the transaction	
business is: Live at Lava	ction of The Control
The true name(s) and <u>business</u> address(es) of the entity or individual(s) of business under the assumed business name:	doing
Name Complete Address	
Connie Delaner PO Box M	
Salmon 1D 83467	
208-756-3076	
The general type of business transacted under the assumed business nated a Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Submit Certificate Assumed Business Name and \$25.00 The name and address to which future Secretary of State	of s
correspondence should be addressed: 450 North 4th Street	et
Connie Delaney - Live at Lava Po Box M Salmon ID 83467 Po Box M Salmon ID 83467	80
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Secretary of State	e use only
mature: Course Oilcon	
nted Name: Delaney	

IDAHO SECRETARY OF STATE

08/13/2012 05:00

CK: 1831 CT: 146687 BH: 1335758
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