

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

The true name(s) and business address(	(es) of the entity or individual(s) doing ame:
Name Loretta E Bonner	Complete Address 614 Lews Ln
	Jerome, ID 83338
Manufacturing Mining Finance, Insurance, and Real Estat The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720
Loretta E Bonner	Boise ID 83720-0080
P.O BOX 855 Shoshone, ID 83352	(208) 334-2301
i. Name and address for this acknowledge copy is (if other than # 4 above):	nent

IDAHO SECRETARY OF STATE 05/29/2008 05:00 CK: 1822 CT: 158818 BH: 1117147 1 8 25.88 = 25.88 ASSUM NAME # 2

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