

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 OCT 22 AM 9: 15

D166511

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

1. The assumed business name which the ubusiness is:	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>MS. Michael Wynn Lee</u>	es) of the entity or individual(s) doing
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Knots And Trouble Spots Ma 2115 E. Beech ST Caldwell, 10 83405	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	
Signature: Mchael Lee Capacity/Title: Signature: Printed Name:	IDAHO SECRETARY OF STATE 10/22/2013 05:00 CK: 1012 CT: 288832 BH: 1394921 1 0 25.00 = 25.00 ASSUM NAME # 2