



# 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.

11 MAY -9 AM 9:13

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Lean On Me Agency

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Wascar Cruz

3330 Hanley Ave, Idaho Falls, ID 83404

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

3330 Hanley Ave

Idaho Falls, ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

3330 Hanley Ave

Idaho Falls, ID 83404

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

*Send check*  
Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: *Wascar Cruz*

Printed Name: Wascar Cruz

Capacity/Title: Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/09/2011 05:00  
CK: NO CK # CT: 158010 BH: 1272872  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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