

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

SECRETARY OF STATE
STATE OF IDAHO



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

A.L. & ASSOCIATES

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

Name	Complete Address
<u>ALICIA E. LEWIS</u>	<u>116 S. JACKSON ST. #2 MOSCOW, ID 83843</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

A.L. & ASSOCIATES
116 S. JACKSON ST. #2
MOSCOW, ID 83843

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

(SAME AS ABOVE)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: _____

Printed Name: ALICIA E. LEWIS

Capacity: SOLE PROPRIETORSHIP

(see instruction # 8 on back of form)

Secretary of State use only

Revision 2/97
9-corp/forms/abn.pms

IDAHO SECRETARY OF STATE
07/13/2001 05:00
CK: 2522491831 CT: 139789 DN: 487742
1 @ 20.00 = 20.00 ASSUM NAME # 2

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