



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2005 SEP 18 AM 10: 31

Please type or print legibly.

SECRETADY OF

The assumed business name which the uno business is:	rersigned use(s) in the transaction of
Stephens Diversified Enterprises	
The true name(s) and business address(es)	
business under the assumed business nam	e:
Name	Complete Address
Lisa Stephens	2729 Desert Dr. Idaho Falls, ID 83404
John Stephens	2729 Desert Dr, Idaho Falls, ID 83404
The general type of business transacted un	dor the annument business are in
The general type of business dansacted dis	uer the assumed business name is:
	and Public Utilities
☐ Wholesale Trade ☐ Construction	
✓ Services	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Socratory of State
correspondence should be addressed:	Secretary of State 700 West Jefferson
correspondence should be addressed.	Basement West
Lisa Stephens	PO Box 83720
2729 Desert Dr	Boise ID 83720-0080
idaho Falis, idaho 83404	208 334-2301
Name and address for this acknowledgmen	Phone number (optional):
COPY is (if other than # 4 above).	(208) 525-8897
	Secretary of State use only
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Name: Lisa M. Stephens	19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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