227	
<ul> <li>CERTIFICATE OF ASSUMED BUSINESS NAME</li> <li>Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.</li> <li>Please type or print legibly.</li> <li>NOTE: See instructions on reverse before filing.</li> <li>The assumed business name which the undersigned use(s) in the transaction of</li> </ul>	
business is:	
L. A. ENTI	ERPRISES
2. The true name(s) and business address(es) business under the assumed business name Name ANN L PACK LAVELL D PACK	
<ul> <li>3. The general type of business transacted und</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>L. A. ENTERPRISES</li> <li>264 W 33RD N</li> <li>IDAHO FALLS, ID 83401-1141</li> </ul>	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment</li> <li>COPY IS (if other than # 4 above):</li> </ol>	nt Phone number (optional): 208-523-0181
Signature: Ann Pack (signators required) Printed Name: Ann L. Yack Capacity/Title: OWNEN (see instruction # 8 on back of form)	Secretary of State use only IDONO SECRETARY OF STATE (3.3/1.4/20005 05:06 (K: 85339900 CT; 145634 MH: 796384 1 2 25.00 = 25.00 ASSUM NONE # 2 ) 855507