



# 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.

2004 MAR 19 AM 10:39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

SEARS

15 WEST CROY

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

Name

Complete Address

LEA + ROB INC

P.O. BOX 4017

C 15 29 25

2512 WOODS BLVD.

Hailey ID 83333

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input 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:

LEA + ROB INC.  
P.O. BOX 4017  
Bellvue ID 83313

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

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

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

Phone number (optional):

208-731-0309

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

(signature required)

Printed Name: Rob Diemeyer

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
03/19/2004 05:00  
CK: 4027 CT: 176210 BH: 734282  
1 @ 25.00 = 25.00 ASSUM NAME # 2