

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## Please type or print legibly. Instructions are included on back of application.

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CERTIFICATE OF  ASSUMED BUSINESS  Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business type or print legibly.  Instructions are included on back of appli	undersigned siness Name.
1. The assumed business name which the under business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Lori L. Applegarth	
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  1820 N. TUSCOIGNO PL.  EAGIE, TO 83616	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  SAME	
Signature: Loci Applegarth  Capacity/Title: Owner	Secretary of State use only
Signature:Printed Name:	IDAHO SECRETARY OF STATE  @1/18/2013 @5:00  CK: 1521 CT: 158010 BH: 1356333  1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	

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