

Printed Name: _ Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business	S NAME the undersigned
Please type or print legibly. Instructions are included on back of app	plication.
The assumed business name which the ur business is: JLS	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(est business under the assumed business name Name	me: <u>Complete Address</u>
Lonnie Wood	1630 Carmichael road Moscow, Id. 83843
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Lonnie Wed Wood 1630 carmichael road Moscow, id. 83843	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent
Signature: Lonnie Von	Secretary of State use only
Printed Name: Lonnie Wood	
Capacity/Title: Owner	TRAIN CENDETADY NE CTATE
Signature:	IDAHO SECRETARY OF STATE 95/97/2012 95:00 CK: 1213 CT: 158010 BH: 1322929 1 9 25.00 = 25.00 ASSUM NAME # 2

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