

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

Teton Iron	<u>, , , , , , , , , , , , , , , , , , , </u>
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam  Name  Teton Iron Lisa Kinzie	
3. The general type of business transacted un	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Teton Iron  10419 N. North End Trl  Felt, Idaho 83424	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  Lisa Kinzie  10419 N. North End Trl  Felt, ID 83424	
nature: Lisa Kinzie	Secretary of State use only
pacity/Title: CEO	
nature:	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE

34/16/2012 05:00

CK: 1836 CT: 269341 BH: 1319944

1 8 25.00 = 25.00 ASSUM NAME # 2