



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.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

02 MAR 26 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

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

A Village

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

Name

Lisa M. Wood

Complete Address

PO Box 1836

McCall ID 83638

208 634 4690

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

☐ Transportation and Public Utilities

☐ Construction

☐ Agriculture

☐ Mining

4. The name and address to which future correspondence should be addressed:

Lisa M. Wood, A Village

PO Box 1836

McCall ID 83638

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Phone number (optional):

208 634 4690

Signature: [Signature]

Printed Name: Lisa M. Wood

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
03/26/2002 05:00
CK: 5782 CT: 158010 BH: 454729
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 53 299