

Capacity/Title:

Printed Name: Capacity/Title:

Signature: _

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 JUL 26 PM 12: 49

SECRETARY OF STATE STATE OF IDAHO

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

. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name	entity or individual(s) doing
Laura Siney 875 Charles Siney Namy	Complete Address Babbling Brook Way 10, In 183651
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: LANCA SINCY 17 S. Babbing Brook Way Name, IN 83651	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):	
gnature: Xuua Dinew	Secretary of State use only

IDAHO SECRETARY OF STATE 07/26/2010 05:00 CK: 1628 CT: 158018 BH: 1232206 1 8 25.00 = 25.00 ASSUM NAME #

abn.pmd Rev. 07/2010

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