

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

00 DEC -4 AM



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE  
STATE OF IDAHO

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

Lee's Shop

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

Name

Complete Address

Lee L. Simmons

292 East Locust St. Shelley, Id 83274

Denise Simmons

292 East Locust St. Shelley, Id 83274

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 208-357-5482

Lee's Shop  
292 East Locust St  
Shelley, Idaho 83274

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

IDAHO SECRETARY OF STATE

Signature:

Lee L. Simmons

Printed Name:

Lee L. Simmons

Capacity:

Manager

(see instruction # 8 on back of form)

Revision 2/97

2 korpforms labn pms

12/04/2000 09:00  
CITY 76740 CT: 23554 DN: 364361

1 @ 20.00 = 20.00 ASSUM NAME # 2

D40929

100 100 100 100 100 100 100 100 100 100