

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 MAR 18 AM 8:31

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

LLAMB Enterprises

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

Name	Complete Address
<u>Michael E Cummins</u>	<u>2067 W. Hedgerow St</u>
<u>Lesley N Cummins</u>	<u>Kuna ID 83634</u>

Ste 101

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

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

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

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

2067 W. Hedgerow St. Ste 101  
Kuna, ID 83634

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

Phone number (optional):

(208) 989-2944

Signature:

Printed Name:

Michael E Cummins

Capacity/Title:

Owner/President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
03/18/2003 05:00  
CK: 1468 CT: 158010 RH: 669304  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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