



227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 JUN 27 PM 3:15

SECRETARY OF STATE
STATE OF IDAHO

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

Legends of Rodeo

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Idaho Rodeo Hall of Fame ^{inc} P.O. Box 562, Gooding ID 83330 (C198455)

(Name) (Address)

Lonnie LeaVell PO Box 51 Gooding ID 83330

(Name) (Address)

Charmy LeaVell PO Box 51 Gooding ID 83330

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Idaho Rodeo Hall of Fame

(Name)

P.O. Box 562

(Address)

Gooding, ID 83330

(City)

(State)

(Zipcode)

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

Lonnie LeaVell

(Name)

P.O. Box 51

(Address)

Gooding, ID 83330

(City)

(State)

(Zipcode)

Printed Name: Lonnie LeaVell

Signature: Lonnie LeaVell

Printed Name: Charmy LeaVell

Signature: Charmy LeaVell

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/28/2018 05:00

CK:19462442 CT:172099 BH:1651194

1@ 25.00 = 25.00 ASSUM NAME #7

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