



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILE/EFFECTIVE

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.

ed FEB 22 AM 8:48

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

## Guardian Leasing Service.

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

<u>Name</u>	<u>Complete Address</u>
Gale STANLEY	RT. 4, Box 132 Old Town, ID 83822 Priest River
Lisa STANLEY	151 Springdale Garden Rd, ID 83856
STEVEN STANLEY	151 Springdale Garden Rd. ID 83856 Priest River

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

Retail Trade       Manufacturing       Transportation and Public Utilities  
 Wholesale Trade       Agriculture       Finance, Insurance, and Real Estate  
 Services       Construction       Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-428-0119

151 Springdale Garden Rd  
Priest River  
Idaho 83856

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

**Secretary of State use only**

DEPARTMENT OF STATE

02/23/2000 09:00  
CK: NO CX: # CT: 127124 BY: 292336

1 @ 28.00 = 28.00 POSSUM NAME # 2

D 33319

Signature: Male & Hanley

Printed Name: Gale L. Stanley

Capacity: President

(see instruction # 8 on back of form)