CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

Printed Name: Timothy P. Lucas

(see instruction #8 on back of form)

Capacity:

Pursuant to Section 53-504, Idaho gives notice of adoption of an Ass	the undersigned use(s) in the transaction of
business is:	the undersigned use(s) in the transaction of STATE OF IDAHO
o	ess(es) of the entity or individual(s) doing
Name Luce	Complete Address
A A A	1171 ALCI ARd. 11 TO
LESTIE A LUCAS 3. The general type of business transac (mark only those that apply)	201 N. Store RD. NewPorts WA 99156 cted under the assumed business name is:
Retail Trade Manufa Wholesale Trade Agricult Services Constru	ture
☐ Wholesale Trade ☐ Agricult Services ☐ Constru	ture Finance, Insurance, and Real Esta uction Mining tre Phone number (optional):
Wholesale Trade Agricult Services Constru 4. The name and address to which future	ture Finance, Insurance, and Real Esta- uction Mining are Phone number (optional): d: Submit Certificate of
Wholesale Trade Agricult Services Constru 4. The name and address to which future correspondence should be addressed PO. Box 1394 Porest River Idak 83856 5. Name and address for this acknowle copy is (if other than #4 above).	ture Finance, Insurance, and Real Estatuction Mining The Phone number (optional): 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
Wholesale Trade Agricult Services Constru 4. The name and address to which future correspondence should be addressed PO. Box 1394 Priest River Idak 83856 5. Name and address for this acknowle copy is (if other than #4 above): 2171 N Shore Rd.	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

CK: 1151 CT: 134358 BH: 338845

1 @ 20.00 = 20.00 ASSUN NAME # 2

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