D. 62407

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.)	
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 STATE OF IDAHO	
The assumed business name which the business is:	undersigned use(s) in the transaction of
- $OCHNOON$	IACK
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Lisa Johnson	Complete Address 1306 Heath Lk Rd
Nick Johnson	Sagle, Id 83860
1	•
3. The general type of business transacted under the assumed business name is:	
Retail Trade	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	
1306 Heith Labre P.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Sagle, Id 83860	
5 ,	Secretary of State 700 West Jefferson
 Name and address for this acknowledgme copy is (if other than # 4 above): 	Basement West PO Box 83720
	Bolse ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Wa \	IDAHO SECRETARY OF STATE ### ### ### ########################
Printed Name: Lisa Johnson	CK: 844 CT: 158010 BH: 662472 1 9 20.00 = 20.00 ASSUM NAME # 2
Capacity: Owner	mstabn p65

(see instruction # 8 on back of form)