

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

FILED EFFEC

The true name(s) and business address(es) business under the assumed business name Name	Complete Address
LORI MELTON	210 N. 4TH POLATELLO, ID. 83201
3. The general type of business transacted und  Retail Trade Transportation of Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  210 N. 4 <sup>TH</sup> Pocateuro ID 83201	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than #4 above):	t
	Secretary of State use only
gnature: (signature required)	IDAKO SECRETARY OF STATE  12/10/2007 65 a  CX: 96 CT: 158618 3H: 1886
rinted Name: LORI MELTON	<u>5</u> 5

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