

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 101 10 11 9: 25 submits for filing a certificate of Assumed Publicate Mark 101 10 11 9: 25 submits for filing a certificate of Assumed Business Name.

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

<ol> <li>The assumed business name which the undersign business is:</li> </ol>	ned use(s) in the transaction of
01500 & Company	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  **Lawy D. Olsan 4**  **The true name(s) and business address(es) of the business name:  **Name**  **Lawy D. Olsan 4**  **The true name(s) and business address(es) of the business a	e entity or individual(s) doing  Complete Address  15 N 500 W Paul, ID.8334
3. The general type of business transacted under the	e assumed business name is:
☐ Retail Trade ☐ Transportation and F  Wholesale Trade ☐ Construction	Public Utilities
Services Agriculture	Submit Certificate of
<ul><li>Manufacturing</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
	PO Box 83720 Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above); 2/9n Bank	Phone number (optional):
102 W Main	
Bulley 10 83.318	Secretary of State use only
9	, ~/
Signature: (signature lequired)  Printed Name: Larry D, 0/500	0101656
Printed Name: Larry D, 0/500	· · /

IDAHO SECRETARY OF STATE

97/10/2006 05:00

CK: 8887 CT: 202171 RH: 964024

1 8 25.00 = 25.00 ASSUM NAME # 2