

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

09 JUL -6 AM 8: 17

SECRETARY OF STATE STATE OF IDAMO

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.

> (signature required) David N. Lopez

> > Owner

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

business under the assumed busines Name David N. Lopez	s(es) of the entity or individual(s) doing name: Complete Address 1618 E. Tall Timber Loop, Post Falls, Idaho 838	54
The general type of business transac	d under the assumed business name is:	 -
	ation and Public Utilities	
 Wholesale Trade ✓ Construction ✓ Services ✓ Agriculting ✓ Mining ✓ Finance, Insurance, and Real Enterprise The name and address to which future correspondence should be addressed 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720	
David N. Lopez	Boise ID 83720-0080	2.5
1618 E. Tall Timber Loop	(208) 334-2301	
Post Falls, Idaho 83854 5. Name and address for this acknowle copy is (if other than # 4 above):	gment	¥

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