

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 MAY -6 AM 8:59

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

LaFleur Installation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Brian LaFleur</u>	<u>606 Borah Ave., Twin Falls, ID 83301</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

LaFleur Installation
606 Borah Ave
Twin Falls, ID 83301

Phone number (optional):

208-736-2965 home
208-320-1564 cell-bus.

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Brian LaFleur

Printed Name: Brian LaFleur

Capacity: owner (sole proprietor)

(see instruction # 8 on back of form)

Secretary of State use only

g:\compliance\labn_form\stbn.p65
Revised: 01/2001

IDAHO SECRETARY OF STATE
05/06/2005 05:00
CK: 104 CT: 150010 BH: 000900
1 @ 25.00 = 25.00 ASSUM NAME # 2

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