

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 submits for filing a certificate of Assumed Business Name. 13 DEC -2 AM 11:51

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is: Ledar (reations	
The true name(s) and <u>business</u> address(es) of the elements under the assumed business name: Name Samuel A Markensen 424 Name	Complete Address N. Kings Road
B. The general type of business transacted under the a	
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☑ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 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):	Phone number (optional): 208 - 409 - 8329
	Secretary of State use only
nature: <u>Jan Morten (signature required)</u> nted Name: <u>Sam Morten cen</u>	IDAHO SECRETARY OF STATE 12/02/2003 05:0 CK: 122115102329SLD CT: 172099 BH: 1 0 25.00 = 25.00 ASSUM NAME

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