

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)

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The assumed business name which the undersign business is: LESIONS	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Linco AS (n.)	Complete Address
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
 Wholesale Trade	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
Muss E. Picadilly lane Eagle Idam 8344	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: (signature required) Printed Name: LI A A SIN Capacity/Title: (SIGNATURE REQUIRED)	IDAHO SECRETARY OF STATE 95/18/2006 95:00 CK: 6658 CT: 200450 BH: 955484 1 @ 25.00 = 25.00 ASSUM NAME # 2