## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7012 MAY -4 PH 2: 07

SEURE MARY OF MATE STATE OF TOAHO

## Please type or print legibly. Instructions are included on back of application.

Concepts	N Creations
The true name(s) and <u>business</u> address(est business under the assumed business name Name      David Lynch	
3. The general type of business transacted up Retail Trade Transportation Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  David Lynch  814 Washington Ave.  Sandpoint ID, 83864	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	nt
Signature: Daw 1	Secretary of State use only
Signature: 1000	
Printed Name: David Lynch Capacity/Title: Owner	
Signature:	
Printed Name:	
Capacity/Title:	
abn.pmd Rev. 07.	

CK: 1461 CT: 158910 BH: 1322678 1 0 25.00 = 25.00 ASSUM NAME # 2

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