	FI
CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME FFEC
To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	abo Code, the undersigned /// Mas
gives notice of adoption of an A 1. The assumed business name which the ubusiness is: Loriston's Labor Service	indersigned use(s) in the transaction of
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Loriston Ford	Complete Address 52 North Canyon Street
	Nampa ID 83651
3. The general type of business transacted under the control of th	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional):
Loriston's Labor Service 52 North Canyon ST.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Namps. TD 836515. Name and address for this acknowledgme copy is (if other than # 4 above).	Secretary of State 700 West Jefferson Ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only

Signature: Loriston Ford

Printed Name: Loriston Ford

Capacity: Owner / PresidenT

(see instruction #8 on back of form)

TRANG SECRETORY OF STATE

03/27/2001 09:00 CK: 2695 CT: 144171 MH: 387297

1 8 20.00 = 28.00 ASSUM NAME # 2

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