

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 AUG 13 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

Margary Lunceford Longthay Lunceford	Complete Address Po Box 739 139 Bird Dr. # >>
	PO Box 739 139 Bod Dr #22 Ketchur 1D 8334
3. The general type of business transacted u	
Retail Trade	Submit Certificate of Assumed Business

IDAHO SECRETARY OF STATE

08/13/2008 05:00

CK: 2683 CT: 158818 BH: 1131411

1 8 25.00 = 25.00 ASSUM NAME # 2

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