

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 APR -1 AM 8: 40 FILED EFFECTIVE

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

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| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Lesire Dooley 640 | e entity or individual(s) doing Complete Address S W S Strck Rd Boise D 83764 |
| 3. The general type of business transacted under th Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | |
| 4. The name and address to which future correspondence should be addressed: Lestie Dooley Lyos to Ustick Rd Boise To 93704 | 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): | Constant of Class was asked |
| nted Name: Leslie Doolog pacity/Title: Owker | IDAHO SECRETARY OF STATE 04/01/2015 05:00 CK:113 CT:308389 BH:146882: 16 25:00 = 25:00 ASSUM NAME |

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