CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)			
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 2 40 14 51 51 50 50 50 50 50 50 50 50 50 50 50 50 50			
1.	The assumed business name which the und business is:	dersigned use	e(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:			
	<u>Name</u>	Complete Address	
	Laura M. Bingham	6347	Primrose Boise ID83704
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction	e"	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future Phone number (optional): correspondence should be addressed:		
	Laura M. Bingham 6314 Primrose		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Boise, ID 83704	*.	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
Signati	ura Haura M Bingham	Revision 2/87	IDANO SELECTARY OF STATE DATE: 04/21/1997 0900 84879 2
Printed Name: Laura M Bingham		skaton, pm6	CK #: 2292: CUST# 80188 ASSUM NAME 10 20.00= 20.00
Capacity:			

(see instruction # 8 on back of form)

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