CERTI	FICATE OF		FILED EFF	
(/ 4)) () () () () () () () () () () () ()	BUSINESS N	IAME 2	lor .	ECT
Pursuant to Section 5	3-504, Idaho Code, the u	ndersigned	105 Jun 2	
	tificate of Assumed Busin	iess Name.	· · ·	157
NOTE: See instruction	or print legibly. s on reverse before fi	lina.	-	
		_		
 The assumed business na business is: 			ne transaction o	of
FORD'S HOME	IMPROVEME	HT5		
2. The true name(s) and busi	ness address(es) of	he entity or indiv	idual(s) doing	
business under the assum	ed business name:		iddai(3) doing	
Name		Complete		
LEROYA FORD	<u>L 55</u>	90 E PARK	S RD ATHO	L,ID
				8 380 /
			· · · · · · · · · · · · · · · · · · ·	
3. The general type of busine	ss transacted under t	he assumed bus	iness name is:	
Retail Trade				
Wholesale Trade] Transportation and	Public Utilities		
	Agriculture			
🗌 Manufacturing 🗌] Mining	Assumed	ertificate of Business	
Finance, Insurance, a	ind Real Estate		\$25.00 fee to:	
4. The name and address to w	hich future	Secretary	of State	
correspondence should be	addressed:	700 West	Jefferson	
LERBY FORD		Basement PO Box 83		
P.O. BOXG ATHO	DLID	Boise ID 8	3720-0080	
838	101	208 334-2	301]
5. Name and address for this	acknowledgment	Phone num	iber (optional):	_
COPY IS (if other than # 4 above).	and a set of a given in			
		Secret	ary of State use only	
gnature: <u>FTGLM</u>	RD TL			
(signature required)				
inted Name: LSRoyA-Fo			IDAHO SECRETARY	OF_STATE
apacity/Title: OWNER		4	07/20/2005 CK: 1013 CT: 15801 8 25.00 = 25.00	0 BH: 82215
(see instruction #8 on back of for		1	e 25.00 = 25.00	ASSUM NAME #
	m) ("	* '	- 10100 - 10100	