

CERTIFICATE OF ASSUMED BUSINESS NAME

2016 APR 18 AM 9: 3

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

SECRETARY OF STATE STATE OF IDAHO

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

 The true name(s) and <u>business</u> address business under the assumed business in Name 	
Lynda Mann	Porox 345 Lucile ID 83542
☐ Wholesale Trade ☑ Constructi	ition and Public Utilities
Services	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Po Box 345 UCUL TD 83542	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment

1@ 25.00 = 25.00 ASSUM NAME #2

D185933

Signature: _____

Printed Name: _____

Capacity/Title: