## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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

Owner

(see instruction # 8 on back of form)

Capacity/Title:\_\_\_\_

2. The true name(s) and business address(es) of business under the assumed business name:  Name	Complete Address
Jennifer M. Lefler	PO Box 780 Rexburg, ID 83440
The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ser the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  Mrs. Jennifer M. Lefler  PO Box 780  Rexburg, ID 83440	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):  208-757-8419
	Secretary of State use only

IDAHO SECRETARY OF STATE 07/28/2004 05:00 CK: 124 CT: 158010 BH: 757836 1 9 25.00 = 25.00 ASSUM NAME # 2