

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:

Lombardo Buil	
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Carey Lombardo 10	15 N. Faldo 15 N. Faldo
The general type of business transacted under th	e assumed business name is:
 ☐ Retail Trade ☐ Wholesale Trade ☐ Services ☐ Transportation and F ☐ Construction ☐ Agriculture 	Public Utilities Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business Name and \$20.00 fee to:
I. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Longardo	Basement West
5701 N. Willawreek	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):
	Secretary of State use only
nature: (signature required) ted Name: (htis Londbardo fig. 2002, 200 fig. 2002, 20	
ed Name: Chris Londo (signature required)	

IDANO SECRETARY OF STATE

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CK: 1821 CT: 158810 BH: 668474
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