



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

08 AUG 19 PM 3: 26

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Pinnacle Properties

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Lucinda Carstensen</u>	<u>2538 S. Georgetown Pl</u>
	<u>Boise, ID 83709</u>

3. The general type of business transacted under the assumed business name is:

- |   |  |
|---|--|
| <input type="checkbox"/> Retail Trade                                   | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                                | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Lucinda Carstensen  
2538 S. Georgetown Pl  
Boise, ID 83709

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional):

447-8807

Signature: Lucinda Carstensen  
(signature required)

Printed Name: Lucinda Carstensen

Capacity/Title: Owner/Property  
(see instruction # 8 on back of form) mnar

g:\corp\forms\labn\_forms\labn.p65 Revised 04/2003

Secretary of State use only

D68157

IDAHO SECRETARY OF STATE  
08/19/2003 05:00  
CK: 256 CT: 150010 BH: 697232  
1 @ 25.00 = 25.00 ASSUM NAME # 2