

## **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.

The assumed business name which the undersigned use(s) in the transaction of  $\sim$ 

	Hoty	Smokes!	<del></del>
•	e(s) and business address(e er the assumed business na	-	entity or individual(s) doing
	Name		Complete Address
Larsen a	nd Pierce Properties L.L.C.	320 N	N. Main Suite 101 Twin Falls, ID 83301
3. The general t	ype of business transacted u	inder the a	assumed business name is:
Retail T	= -		blic Utilities
	ale Trade Construction	)	<del></del>
☐ Service	s Agriculture		Submit Certificate of
☐ Manufa	cturing Mining		Assumed Business
Finance	e, Insurance, and Real Estate	<b>=</b>	Name and \$25.00 fee to:
4. The name an	d address to which future		Secretary of State
corresponder	ice should be addressed:		700 West Jefferson
-			Basement West
Holy Smokes!			PO Box 83720
2128 Kimberly Road			Boise ID 83720-0080
Twin Falls, ID 83301			208 334-2301
5. Name and a	ddress for this acknowledgm	ent	Phone number (optional):
COPY is (if other than # 4 above):			208-420-8973
Larsen and P	ierce Properties L.L.C.		
320 N. Main 8	320 N. Main Suite 101		Secretary of State use only
Twin Falls, Id	aho	<b>8</b>	
	\\	12	
ignature:	(signature required)	2000 2000	
rinted Name:	Clarence Larsen	g'com/forme/sahn forme/sah Revised 04/2000	,
Capacity/Title:	Owner	Pa Sub-fice	IDAHO SECRETARY OF STATE
	ction # 8 on back of form)	5	11/07/2006 05 # 0 CK: 9539750362 CT: 204501 DH: 10 1 # 25.00 = 25.00 ASSUM MANS