

CERTIFICATE OF ASSUMED BUSINESS NAME

08 JUN 12 AM 10: 39

FILED EFFECTIVE

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.

NOTE: See instructions on reverse before filing.

| 1. The assumed business name which the unc | lersigned use(s) in the transaction of |
|----------------------------------------------------------------------------------|--------------------------------------------------------------|
| business is: L.S. Home Repair | Samuel |
| L.S HOME REPAIR | DEVICE |
| 2. The true name(s) and business address(es) | |
| business under the assumed business nam Name | e: Complete Address |
| 1 le South | 4515 N. Five Mile Rd |
| 441 | Boise Td 83713 |
| | |
| The general type of business transacted un- | der the assumed husiness name is: |
| | |
| | and Public Utilities |
| ☐ Wholesale Trade☐ Construction☐ Agriculture | |
| | Submit Certificate of |
| ☐ Manufacturing ☐ Mining | Assumed Business Name and \$25.00 fee to: |
| ☐ Finance, Insurance, and Real Estate | Harrie and \$20.00 too to. |
| 4. The name and address to which future | Idaho Secretary of State |
| correspondence should be addressed: | 450 N 4th Street PO Box 83720 |
| 4515 N Fine Mile Rd | Boise ID 83720-0080 |
| Roise Td 83713 | (208) 334-2301 |
| 120156 16 07113 | (200) 001 2001 |
| | |
| Name and address for this acknowledgme | int : |
| COPY IS (if other than # 4 above). | |
| | |
| | Secretary of State use only |
| | 100 Hz |
| W/ X-D | 190 · 193 |
| Signature: (signature required) | 2003 |
| Printed Name: Lile Smith | IDAHO SECRETARY OF STATE OF 12/2008 05:00 |
| T | IDAHO SECRETARY OF STATE ################################## |
| Capacity/Title: Owner | 1 2 25.00 = 25.00 ASSUM NAME # |
| (see instruction # 8 on back of form) | Dinama |
| | = 1) 12d572 |