

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 MAR - 1 AM 9: 04

## Please type or print legibly. Instructions are included on back of application.

SECREMAN LA STATE

	business is: Erin Morgan			
2.	The true name(s) and <u>business</u> address(est business under the assumed business name <u>Name</u> <u>Erika Lingo</u>		s) of the entity or individual(s) doing me:  Complete Address  PO Box 716  Eagle, ID 83616	
<ul><li>3.</li><li>4.</li></ul>	The general type of business transacted uses Retail Trade Transportation Wholesale Trade Construction Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Erin Morgan PO Box 716  Eagle, ID 83616	en and Pul		
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
Signa	ture:		Secretary of State use only	
	d Name: Erika Lingo			
Capa	city/Title:owner			
Signature:			IDAHO SECRETARY OF STATE 93/91/2013 95:99	
Printe	Printed Name:		CX: 1584 CT: 288822 BH: 1362434 1 0 25.00 = 25.00 ASSUM NAME # 2	
Capac	city/Title:			

161391

S