



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 NOV 16 AM 9:13

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:

Spirit-4-Ohana

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

Name _____

Name
Cindy S. Ocampo

Complete Address

3816 15th St E, Lewiston, ID 83501

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

Cindy S. Ocampo

3816 5th St E

Lewiston ID 83501

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

**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**

Phone number (optional):

(509) 529-3190 (cell)

Secretary of State use only

Signature:

Cindy S. Ocampo

Printed Name:

(signature required)
Cindy S. Ocampo

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Revised 04/2003

IDAHO SECRETARY OF STATE
11/16/2006 05:00
CK: 1003 CT: 206529 BH: 1013962
1 @ 25.00 = 25.00 ASSUM NAME # 2

D105618