



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.

02 APR 19 PM 1:28

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:

Leroy Haze

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>Cody Leroy Rolland</u> | <u>7200 N. Basco Ln.</u> |
| <u>Angela Huffer-Rolland</u> | <u>Meridian, Idaho</u> |
| | <u>83642</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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and **\$20.00** 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:

7200 N. Basco Ln
Meridian, ID
83642

Phone number (optional):

(208) 288-2017

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

(same)

Signature:

Angela Huffer

Printed Name:

ANGELA HUFFER

Capacity/Title:

Spouse

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/19/2002 05:00
 CK: CASH CT: 150010 BH: 460512
 1 e 20.00 = 20.00 ASSUM NAME # 2

g:\corp\forms\abn_forms\abn.p65 Revised 12/2001

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