

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.

FILED EFFECTIVE

09 APR -8 AM 8: 37

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the ur business is: LITTLE MO'S OPTICAL	
The true name(s) and business address(estable) business under the assumed business name Name	, , , ,
Lynn Erickson	1720 Lincoln Way
	Coeur d'Alene, Idaho 83814
3. The general type of business transacted u	inder the assumed business name is:
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business Name and \$35.00 foo to:
 Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Lynn Erickson DBBA Little Mo's 	Idaho Secretary of State 450 N 4th Street PO Box 83720
1720 Lincoln Way	(208) 334-2301
Coeur d'Alene, Idaho 83814	
5. Name and address for this acknowledgmed copy is (if other than # 4 above):	208-664-4611 ent
	Secretary of State use only
Signature: Symple Coulom Printed Name: Lynn Erickson Capacity/Title: owner	IDAHO SECRETARY OF STATE O4/08/2009 05:00 CX: 3154 CT: 78976 BH: 1164956 1 9 25.88 = 25.60 ASSUM NAME #
(see instruction # 8 on back of form)	D129720