

Printed Name:

Capacity/Title: Ouner

(see instruction # 8 on back of form)

## **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.

The true name(s) and business address(es) of business under the assumed business name		
Name Lance Eberlein	Complete Address /	Part Falls
The named has affine a few and a few		
The general type of business transacted und		
	and Public Utilities	
Wholesale Trade Construction		
Services Agriculture	Submit Certificate of	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:	
The name and address to which future	Secretary of State	
correspondence should be addressed:	700 West Jefferson	
4.	Basement West	
Lonce Eberlein	PO Box 83720 Boise ID 83720-0080	
1917 F. Meadow Lu	208 334-2301	
Post Fells ID 83854		
	Dhana mushan ( 11 n.	1
Name and address for this acknowledgmen	t Phone number (optional):	i i

IDAHO SECRETARY OF STATE

09/26/2005 05:00

CK: 2983 CT: 2158 BH: 913542

25.90 = 25.90 ASSUM MANE # 2

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