## FILED EFFECTIVE



Printed Name:

Capacity/Title:

## CERTIFICATE OF

7024599149

ASSUMED BUSINESS NAME

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

2009 MAY 12 PM 12: 30

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(e business under the assumed business na Name  Lori + Doug Evans	ame: Complete Address 38 SAGEBRUSH AVE SALMON FL
The general type of business transacted	8346
☐ Wholesale Trade ☐ Constructio ☐ Services ☐ Agriculture	
Manufacturing Mining  Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Lori Ann Evans  38 SageBrush Aue  Salmon, IDAHO 83467	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

EVANS

(see instruction #8 on back of form)

IBAHO SECRETARY OF STATE 05/12/2009 05:00 CK: 239670 CT: 172899 BH: 1178153 1 9 25.68 = 25.86 ASSUM NAME N 2

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