

FILED/EFFECTIVE



# 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.

2002 OCT 18 AM 8:31

STATE  
OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

LIZARD'S STITCHES

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

Name

Complete Address

ELIZABETH A. McCombs

P.O. Box 339 / 43072 River View  
Kingston, ID 83839

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 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:

LIZARD'S STITCHES  
90 Liz McCombs  
P.O. Box 339 Kingston, ID 83839

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

Phone number (optional):

208-682-3332

Secretary of State use only

Signature: Elizabeth A. McCombs  
(signature required)

Printed Name: ELIZABETH A. McCombs

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 07/2002

IDAHO SECRETARY OF STATE  
10/18/2002 05:00  
CK: 3130 CT: 150010 BH: 576729  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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