

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 JUL -3 PM 3: 12

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

STATE OF IDAHO

The assumed business name which the unde business is:	rsigned use(s) in the transaction of
	00
The true name(s) and <u>business</u> address(es) of business under the assumed business name:	f the entity or individual(s) doing
<u>Name</u>	Complete Address
Jason Lawhorn	7809 Wester Dr.
	Borse Idaho 83704
3. The general type of business transacted under	
Totali Hado	nd Public Utilities
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Sason Lawhorn 1809 Wesley Dr. Boise, To 83704	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
inted Name: Tason lawhorn	IDANO SECRETARY OF STATE IDANO SECRETARY OF STATE 97/03/2002 95:00 CK: CASH CT: 158010 BH: 475472 1 8 20.00 = 20.00 ASSUM NAME 0

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