



CERTIFICATE OF ASSUMED BUSINESS NAME

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

202 MAY 20 PH 2:32

FILED/EFFECTIVE

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

CUTTING EDGE CARPENTRY

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
<u>LISA J LOYND</u>	<u>P.O. Box 6964</u> <u>KETCHUM, ID 83340-6964</u>

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

CUTTING EDGE CARPENTRY
Attn: LISA LOYND
P.O. Box 6964

5. Name and address for this acknowledgment

copy is (if other than # 4 above):

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

Phone number (optional):

208-578-9818

Signature: LISA LOYND

Printed Name: LISA LOYND

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

IDaho SECRETARY OF STATE
05/20/2002 05:00
CK: 1245 CT: 158010 BH: 466894
1 e 20.00 = 20.00 ASSUM NAME # 2

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