



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.

7002 MAY 20 PM 2:32
SECRETARY OF STATE
STATE OF IDAHO

FILED/EFFECTIVE

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:

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

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

Secretary of State use only

Signature:

Printed Name: LISA LOYND

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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

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