

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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.  1. The assumed business name which the undersigned use(s) in the transaction	FFECTIVE  MARIO AM 9: A  DAVIATE  n of
1. The assumed business name which the undersigned use(s) in the transaction	n of
business is:  Lewiston Little League	
The true name(s) and business address(es) of the entity or individual(s) doin business under the assumed business name:     Name     Complete Address	g
Lewiston Sports, Inc. c/o Lisa Byers, 1419 Grelle, Lewiston	n, ID, 83501
(	e to:
Signature: Secretary of State of Signature: Signature required)  Printed Name: Lisa Byers  Capacity/Title: Secretary  (see instruction # 8 on back of form)  Secretary of State of Signature required)  IMHO SECRETARY  CK: 26599 C  1 9 26.80 =	CRETARY OF STATE 2003 05 200 1: 4725 BH: 667580 28.88 ASSUM NAME # 2