

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Vegas Nights

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

Name	Address
<u>Ramona K Lundquist</u>	<u>513 LeFever Dr.</u>
<u></u>	<u>P.O. 756</u>
<u></u>	<u>Cascade, Idaho 83611</u>

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

Service

See categories on the reverse

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

Ramona Lundquist  
P.O. 756 Cascade, Id 83611

Signed

Ramona K Lundquist

By

Capacity

Owner / manager

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 1008

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11/16/2001 05:00  
CK: 1457 CT: 153668 BH: 430057  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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