

Printed Name:

Capacity/Title: Dwnex

(see instruction #8 on back of form)

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.

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is:	ed use(s) in the transaction of
The Lewis-Deraughelco.	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Uclissa lewis-benaughel 598 Par	Complete Address Kwood Drive, Twin Fruls
	20830/
3. The general type of business transacted under the	assumed business name is:
Refail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: 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
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3834 CT: 158010 BH: 1169406 25.00 = 25.00 ASSUM NAME # 2