

4/21/01

227

FILED/EFFECTIVE



# 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.

2007 APR 25 AM 9:14

SECRETARY OF STATE  
STATE OF IDAHO

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

The Fire Place

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

Name

Lisa Ann Norris

Complete Address

306 Brown Avenue, Kellogg, ID 83837

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input 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:

Lisa Ann Norris

306 Brown Avenue

Kellogg, ID 83837

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):

LISA NORRIS  
812 Scenrise Drive  
Pinehurst, ID 83850

Phone number (optional):

208 682-2265

Signature: X Lisa Ann Norris

(signature required)

Printed Name: Lisa Ann Norris

Capacity/Title: Owner

(see instruction #8 on back of form)

Secretary of State use only

5/2007 Form 53-504  
Printed 04/2003

IDAHo SECRETARY OF STATE  
04/25/2007 05:00  
CX: 785 CT: 212585 BH: 1049365  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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