227



Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2005 AUG -3 AM 8: 39

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.

SECRETARY OF STATE STATE OF IDAHO

	. The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing me:
	Name Sunthia Lakaas	Complete Address
	- soft title Contains	1080 n. Townsend Loop
		Complete Address 1080 N. Townsend Loop Post Falls, ID 83854
3		
٠.	The general type of business transacted un	nder the assumed business name is:
		n and Public Utilities
	Wholesale Trade Construction Services Agriculture	
	M A grioditale	Submit Certificate of
		Assumed Business
	Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4.	The name and address to which future	Secretary of State
	correspondence should be addressed:	700 West Jefferson
	as above	Basement West
		PO Box 83720 Boise ID 83720-0080
		208 334-2301
5.	Name and address for this acknowledgmer	Phone number (
	COpy is (if other than # 4 above):	()
		208-77/019/

D 90291