

## 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.
Instructions are included on back of application.

## FILED EFFECTIVE

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The assumed business name which the undersigned use(s) in the transaction of business is:	
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2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business nam	ne:
<u>Name</u>	Complete Address
Lisa Angle	572 EIK Rd Mouse Springs, ID 83845
	postel address: P.O. Bx 428
	Mayre Sprines, 10 83845
3. The general type of business transacted under the assumed business name is:	
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☐ Retail Trade ☐ Iransportation ☐ Wholesale Trade ☐ Construction	
Services Agriculture	<del></del>
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
,	Hante and \$25.00 fee (U.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street PO Box 83720
Lisa Hingle	Boise ID 83720-0080
Maria Garage	208 334-2301
Moyte Springs, ID 83845	
<ol> <li>Name and address for this acknowledgmest copy is (if other than # 4 above).</li> </ol>	nt .
ບບບູງ ເວ (ແ omer man # 4 above).	
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D. A. I.	Secretary of State use only
Signature: Six Unfle	
Printed Name: Lisa Hingle	
Capacity/Title: Owner	
Signature:	IDANO SECRETARY OF STATE 92/28/2011 95:00
Printed Name:	CK: 1183 CT: 158618 BH: 1261788 1 9 25.00 = 25.00 ASSIM NAME # 2
Capacity/Title:	- LUIDO - LUIDO RODUR PARE # C
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