	CERTIFICATE OF ASSUN (Please type or print legibly. S	1ED BUS	SINESS NAME ns on reverse.)
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the	undersigned
1.	The assumed business name which the und business is: LJ Saddls And Leath.		
2.	The true name(s) and business address(es business under the assumed business name	of the entity	•
	Name Elizabeth A Johnson 4	Cor	mplete Address A Rd Kunz Ideho 83634
	Dwight E. Johnson		2mc
3.	The general type of business transacted un (mark only those that apply)	der the assu	med business name is:
	Retail Trade Manufacturing Molesale Trade Services Manufacturing Agriculture Construction	Fin:	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future P correspondence should be addressed: Elizabith A. Johnson	hone number	(optional): 208 922 3488
	4492 w Kung Rd		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		n 1/96	Secretary of State use only IDAHO SECRETARY OF STATE 88/68/2006 69:00
ignatu	ire Elizabeth Q John son	Revision 1/88	CK: 1518 CT: 134511 BH: 339687 1 9 20.00 = 20.00 ASSUM NAME # 2
rinted Capaci	Name: ELIZABET HA. JOHNSON tv:	corpiforms/abn.p65	D 2100
	(see instruction # 8 on back of form)	corpton	n 24nay