## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

The assumed business name which the business is:  L.T.D	Plumbing S
The true name(s) and business address business under the assumed business in the Name  Lonie Neff  Lonie Neff	
3. The general type of business transacted (mark only those that apply)  Retail Trade Manufactum Manufactum Agriculture Services	uring  Transportation and Public Utilities  Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:  Lonie Neff  2421 E Dewey Ave  Nampa, ID 83686	Phone number (optional):  Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledg copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Trois Most	Secretary of State  1040 SECRETARY UP STAYE  29/27/1999 29:20  CK: 1 CT: 128961 BH: 252877  1 2 28.86 = 28.66 ASSUM MAME # 2
Printed Name: Lonie Neff	- 30 G
Capacity:	d d d d d d d d d d d d d d d d d d d