

CERTIFICATE OF ASSUMED BUSINESS NAME 09 JUL -8 AM 8: 13

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name SECRETARY OF STATE

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Printed Name: Mathew Jon reco

(see instruction # 8 on back of form)

Capacity/Title: Quiner

business is: Mand E Farm	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name **Matthew*** R Lemieux 5111	Complete Address N. Prairie Ave ID 6385
Erm C Lemieux	some as above
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 63720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
copy is (if other than #4 above):	208-704-2824
<u> </u>	Secretary of State use only