

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 014 AUG 20 AM 9: 07 submits for filing a certificate of Assumed Business Name.

## Please type or print legibly. Instructions are included on back of application.



<ol> <li>The true name(s) and <u>business</u> address(es) of business under the assumed business name:</li> </ol>	the entity or individual(s) doing
Name	Complete Address
Lori Campbell 12	5 Broadway Ave. S.
	BUN Id. 83316
The appeal to the second	
The general type of business transacted under	
Retail Trade Transportation and	l Public Utilities
Wholesale Trade Construction	
☐ Services ☐ Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Lori Campbell	PO Box 83720
125 Broadway Ave. S	Boise ID 83720-0080 208 334-2301
Bunl, Id 82816	206 334-2301
. Name and address for this acknowledgment	
COPY IS (if other than # 4 above).	
	Convotory of Ctato upo only
Ani Canalia D	Secretary of State use only
nature: Sin's Campbell	÷
ited Name: Loni Camphell	

IDAHO SECRETARY OF STATE
08/20/2014 05:00
CK:17064266047 CT:158010 BH:1437980

16 25.00 = 25.00 ASSUM NAME #2

D173265

Capacity/Title:\_\_\_\_

Capacity/Title: Owner

Signature:

Printed Name: