

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

O3 APR FFE PH 4: 55
STATE OF STATE

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

business is:	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  Soseph A. Laceby  Karen J. Laceby	ss) of the entity or individual(s) doing me:  Complete Address  P.O. Box 6476  Boise to 83707
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
Joseph A. Laceby  2677 W Hill Rd  Boise IN 83702  5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Signature: Col Racola V	Secretary of State use only
Printed Name: Joseph A. Laceby  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  2000/00/2003 05:00  CK: 1756 CT: 158010 BH: 672273  1 20.00 = 20.00 ASSUM NAME # 2