

Capacity/Title:

e: <u>Uwner</u> (see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 DEC 30 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

IDAHO SECRETARY OF STATE

12/30/2005 05:00

CK: 260 CT: 158010 BH: 929246

1 0 25.00 = 25.00 ASSUM NAME # 2

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The true name(s) and business address(e business under the assumed business na Name 	es) of the entity or individual(s) doing ime: Complete Address
Lee Ortion	122 13th Ave So
3. The general type of business transacted u	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
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 83720
217 Hudson Are Dampa 20 83651	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm 	nent Phone number (optional):
CODY IS (if other than # 4 above).	208-514-9193
	Secretary of State use only
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inted Name: Lee () chive?	TOUR CECRETARY OF ATA