

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 JAN -5 PM 12: 34
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es	• • • • • • • • • • • • • • • • • • • •
business under the assumed business name	Complete Address
MATTHEW LENORD	2493 W. CARLTON ST. MERIDIAN, ID. 831.42
The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State
Correspondence should be addressed:  MATTHEW LENDED  3493 W. CARLTON ST-  MERINAN ID. 83642	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only

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