

## CERTIFICATE OF ASSUMED BUSINESS NAME

07 NOV -2 AM 11: 43

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.

	ame: Complete Address
SHERRY THOMPSON LORANCE	1057 N. TERRAPIN AVE/KUNA TO 83634
3. The general type of business transacted  Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  **RECONDENT**  Transportate Agriculture Agriculture Mining Finance, Insurance, and Real Estate  **According to the state of the	ion and Public Utilities on Submit Certificate of Assumed Business
5. Name and address for this acknowledge copy is (if other than # 4 above):  ABOVE	ment Secretary of State use only
ignature: (signature required)	D 116503
rinted Name: Stacked Thompson LOCANCE	IDAHO SECRETARY OF STATE  11/02/2007 05:00  CK: 3893 CT: 158618 SH: 183651