

Capacity/Title;

Printed Name:

Capacity/Title: Owner

Signature/

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 SEP -7 AM 8: 36

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

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Maria Finlay Larson 4777 Larry V. Larson 4777	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
1. The name and address to which future correspondence should be addressed: Maria's 4777 Sunnyside Rd. Sandpoint, Idaho 83864	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only

IDAHO SECRETARY OF STATE

99/07/2010 05:00

CK: 2356 CT: 251020 BH: 1237843

1 8 25.00 = 25.00 ASSUM NAME # 2

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