227



CERTIFICATE OF ASSUMED BUSINESS NAME

2015 MAR -9 PM 3: 06

SECRETARY OF STATE STATE OF IDAHO

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

	Please type or print legibly. Instructions are included on back of ap	plication.
1.	The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
	Lucky 7s Services	
2.	The true name(s) and <u>business</u> address(ebusiness under the assumed business names)	
	<u>Name</u>	Complete Address
	Nicholas Newman	1796 E Pineridge Dr Boise ID 83716
3.	The general type of business transacted u	1 1
	☐ Retail Trade ☐ I ransportation ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	on and Public Utilities
	☐ 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 450 North 4th Street
	1796 E Pineridge Dr Boíse ID 83716	PO Box 83720
		Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent
		Secretary of State use only
lians	ature: Note 11	
Printed Name: <u>nichdas m. newwan</u>		10AHO SECRETARY OF STATE 03/09/2015 05:00
	city/Title: Owner / Cyrecular	CK:CASH CT:247036 BH:1465379
	iture: 22:2	16 25.00 = 25.00 ASSUM NAME #2
-	ed Name:	
	city/Title:	0177408