

Capacity/Title: CWNUN

(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.

2005 AUG 15 AM 9: 20

## Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which the undersign business is:</li> </ol>	ed use(s) in the transaction of
INGENUITY AM	erica
<ol> <li>The true name(s) and <u>business</u> address(es) of the business under the assumed business name:</li> </ol>	
<u>Name</u>	Complete Address
JAMES Lynn LODOWSKI CHAIL	IS REDISTONE
HC-	63 BOX1709-Z1
	4,5 TDAHO 83226
3. The general type of business transacted under the	, , ,
<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Services</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> </ul>	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  HC.63 BOX 1709-11  Ch.A1115, IRAHO, \$3226	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-819-6642
SAMC	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE <b>08/15/2005 05:00</b> CK: 7526797476 CT: 158010 BH: 986184

08/15/2005 05:00 CK: 7526797476 CT: 158810 BH: 986184 1 8 25.80 = 25.80 ASSUM NAME # 2

90663