CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

1.	gives notice of adoption of an A The assumed business name which the u business is:	ndersigne	ed use	(s) in the t	rans	saction of
	Mushers Eatery				<u>.</u>	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
	<u>Name</u>		Com	plete Addı	ress	
	Larry Lyford	PO Box	215,	Chester,	ID	83421
	Michelle Lyford	PO Box	215,	Chester,	ID	83421
	The general type of business transacted uniform (mark only those that apply) Retail Trade Manufacturin	_				Public Utilities
	Wholesale Trade Agriculture Services Construction	_	Fina Mini	nce, Insura ng	ance	e, and Real Estate
4.	The name and address to which future correspondence should be addressed:	_	Fina Mini	nce, Insura ng	ance	
4.	The name and address to which future correspondence should be addressed: Larry of Michelle Lyford	_	Fina Mini	nce, Insurang (optional): 2 Submit Ce	O 8	e, and Real Estate -652-77/8 ate of
4.	The name and address to which future correspondence should be addressed:	_	Fina Mini	nce, Insurang (optional): 2 Submit Ce Assumed E	o 8	e, and Real Estate -652-77/8 ate of ness
	The name and address to which future correspondence should be addressed: Larry of Michelle Lyford PO Box 215 Chester, ID 83421 Name and address for this acknowledgme copy is (if other than # 4 above): Bank of Idaho	Phone nu	Fina Mini mber	nce, Insurang (optional): 2 Submit Ce	rtifications such that the state of Sta	e, and Real Estate -652-77/8 ate of hess 00 fee to: ate
	The name and address to which future correspondence should be addressed: Larry of Michelle Lyford PO Box 215 Chester, ID 83421 Name and address for this acknowledgme copy is (if other than # 4 above):	Phone nu	Fina Mini mber	nce, Insurang (optional): 2 Submit Ce Assumed E Name and Secretary of 700 West Basement PO Box 83 Boise ID 83	rtifica Busin \$20. of Sta Jeffer Wes 720 3720-	e, and Real Estate -652-77/8 ate of ness .00 fee to: ate rson t

(see instruction # 8 on back of form)

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