

CERTIFICATE OF ASSUMED BUSINESS NAME

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

O2 MAR 29 AM 9: 28

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

^	
The assumed business name which the under business is:	rsigned use(s) in the transaction of
LTS ENTERPRISES	
The true name(s) and <u>business</u> address(es) or business under the assumed business name:	f the entity or individual(s) doing
Name	Complete Address
FRANCES ROY	PO BOX 1113
<u></u>	BLACKFOOT ID 83221
3. The general type of business transacted und	er the assumed business name is:
M Retail Hade	and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
LTS ENTERPRISES	PO Box 83720
PO BOX 1113	Boise ID 83720-0080 208 334-2301
BLACKFOOT ID 83221	
5. Name and address for this acknowledgmen	nt Phone number (optional):
COPY is (if other than # 4 above).	
	Secretary of State use only
1	abu p8
Signature: - Mancu Ray	TOAHO SECRETARY OF STATE U3/29/2002 U5: 00 UK: 81400 CT: 25554 RH: 455585
Printed Name: FRANCES ROY	IDAHO SECRETARY OF STATE
Capacity: OwyUER	03/29/2002 05:00 CK: 81400 CT: 25554 BH: 455585
(see instruction # 8 on back of form)	1 8 20.00 = 20.00 ASSUM NAME #

D 53399