## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly.

(see instruction # 8 on back of form)

2005 NOV 23 AM 8: 58

2. The true name(s) and business address(es)	U
business under the assumed business name:  Name	Complete Address  LOZI Linder Road  Kendrick, ID 83537
The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  2021 Linden Rd.  Kendrick, JD 83537	Submit Certificate of Assumed Business Name and \$25.00 fee to:  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 - 289 - 5348
	Secretary of State use only
ature: <u>Laith a Hitcheson</u> ed Name: <u>Laith A Hitcheson</u> acity/Title: <u>Owner</u>	IDAHO SECRETARY OF STATE  11/23/2005 05:0  CK: 2241 CT: 158010 RH: 9235  1 0 25.00 = 25.00 ASSUM NAME

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