<u>,227</u>



Capacity/Title:\_\_\_

Owner

(see matruction # 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.

2007 JUN 11 42 9: 4.5

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Slade Lovejoy

STATE OF IDAHO

	Sand-L Enterprises
business under the assumed busin	dress(es) of the entity or individual(s) doing
Name	Complete Address
Slade & Deborah Lovejoy	4032 E. 600 N. Rigby, ID 83442
Nancy Lovejoy	Same
Alandria Lovejoy	Same
Finance, Insurance, and Real The name and address to which futi	Estate Name and \$25.00 fee to:
	Estate Name and \$25,00 fee to:
correspondence should be addresse	
Slade Lovejoy 4032 E. 600 N.	PO Box 83720 Boise ID 83720-0080
Rigby, ID 83442	208 334-2301
D. Name and address for this acknow copy is at other than # 4 above).	Phone number (optional); (208) 745-7456
Same	
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Calculating technique	<u> </u>
ed Name. Slade Lovejoy	

1DAHO SECRETARY OF STATE

46/11/2047 45:400

CK: 1174299 CT: 172099 BH: 1859899

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