

Printed Name:

Capacity/Title: DWner

(See institution # 8 on back of form)

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.

NOTE: See instructions on reverse before filing.

Secretary of State

Business Entities

www.idsos.state.id.us/

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SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Cynthia Ann Lira	Complete Address 11258 N Cu Hass St Hayo
The general type of business transacted und	der the assumed business name is:
··	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed Cynthia Ann Lira 11258 N Cuttass St Hayden Fo 83835	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720 0080208 334-2301
Hay clen To \$3835 Name and address for this acknowledgment	

08/02/2006 05 20 CK: 2219 CT: 158818 BH: 967954 1 9 25.88 = 25.88 ASSUM NAME #

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