



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction business is:

Lewis Fabrication

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Sheila K. Lewis

1872 Elizabeth Blvd Twin Falls, ID

John Michael Lewis

Same

83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 735 0296

Lewis Fabrication

2022 B 4th Ave E.

Twin Falls, Idaho 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same as #4

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Sheila K. Lewis

Printed Name: Sheila K. Lewis

Capacity: owner

(see instruction # 8 on back of form)

Revision 1/88

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Secretary of State use only

IDAHO SECRETARY OF STATE

04/06/1999 09:00
CK: 678 CT: 113690 BH: 204553

1 @ 20.00 = 20.00 ASSUM NAME # 2

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FILED

STATE OF IDAHO

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