

Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 NOV -3 PM 12: 14

SECRETARY OF STATE STATE OF IDAHO

					SIMILOI	J. 1110
1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	Lister's Certified Family Home					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	Tina Lister	1898 W. Whitestone Ct., Meridian, ID 83646				
	(Name)	(Address)				
	(Name)	(Address)		<u> </u>		The state of the s
	(Name)	(Address)	<u> </u>			
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	☐ Retail Trade ☐ Wholesale Trade ☑ Services	Construction Agriculture Manufacturing		☐ Trans ☐ Minir	portation and Public U	
4.	Mailing address for future correspondence:		5.	. Name and address for this acknowledgment copy is (if other than # 4):		
	Lister's Certified Family Home					
	(Name) 1898 W. Whitestone Ct.			(Name)		
	(Address) Meridian ID	83646		(Address)		
	(City)	(State) (Zipcode)		(City)	(State)	(Zipcode)
Printed Name: Tina Lister				Secretary of State use only		
Sig	gnature:	ter				
Printed Name:				IDAHO SECRETARY OF STATE 11/03/2016 05:00 CK:1537 CT:330830 BH:1553693 16 25.00 = 25.00 ASSUM NAME #2		
Signature:						
Printed Name:						
Signature:						

Rev. 08/2015