

Capacity/Title:

(see instruction # 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.

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECAL STATE STATE OF IDAHO

| 1. The assumed business name which the undersigned use(s) in the transaction of business is: | |
|---|--|
| | |
| 3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction | er the assumed business name is: |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: LINA'S Pruuall 16572 White Pine Wampa TO 83651 | 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): <u>461-9787</u> |
| Signature: Alaceli Sura Printed Name: Alaceli Sura | Secretary of State use only 1000 |

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