

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. FILED EFFECTIVE 08 APR 23 AM 8: 36

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the unders business is:  WALK LIGHTL	
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Tina Marie Hoven	the entity or individual(s) doing  Complete Address P.O. Box 300  GARDEN VALLEY  1DAHO 83622
3. The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	
Tina Marie Hoven- P.O. Bo X 300  GARDEN VAIIEY. IDAHO  5. Name and address for this acknowledgment copy is (if other than # 4 above):	(208) 334-2301
Signature:	IDAHO SECRETARY OF STATE  94/23/2008 05:00  CK: 3539 CT: 158010 BH: 1111493 1 8 25.00 = 25.00 ASSUM NAME #