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. STATE OF IDAHO			
	The assumed business name which the undersigned use(s) in the transaction of business is:		
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		
	DANIEL HORTON	701 RUTH ST., SANDPOINT, ID 83864	
	LENNEKE HORTON	SAME	
			·
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade	Fina	nsportation and Public Utilities ince, Insurance, and Real Estate ing
4.	The name and address to which future Phone number (optional): correspondence should be addressed:		
	LENNEKE HORTON		Submit Certificate
	701 RUIH STREET		Assumed Business 2
	SANDPOINT, ID 83864		Secretary of State 700 West Jefferso
5.	Name and address for this acknowledge copy is (if other than # 4 above):	nent	Basement West 55 PO Box 83720 Poise ID 83720-0080
	SAME	•	208 334-2301
			Secretary of State use only IDAHO SECRETARY OF STATE
	V 111-1	Tevision 2/9	95/86/1998 89:86 CX: 4688 CT: 79651 BH: 187928
Signature: 1 @ 28.88 = 28.88 ASSUM WANTE			
Printed Name: LENNEKE HORTON 8 # 14659			
Printed Name: LENNEKE HORTON Capacity: OWNER (see instruction # 8 on back of form)			