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Capacity/Title:

MANAGER

(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.

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

LONE S	QUAW RANCH
2. The true name(s) and business address(e business under the assumed business na Name FAITH H ISOM	es) of the entity or individual(s) doing ame: Complete Address 347 HUNT GULCH KINGSTON, IDAHO 83839
Wholesale Trade Construction	on and Public Utilities
☐ Services✓ Agriculture☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: FAITH H. ISOM	Secretary of State 700 West Jefferson Basement West PO Box 83720
347 HUNT GULCH KINGSTON, IDAHO 83839	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent Phone number (optional): (208)661-0727
	Secretary of State use only
ature Lita OV Som	ed 04/2:003

IDAHO SECRETARY OF STATE

94/28/2008 05:00

CK: 1115 CT: 225365 BH: 1112059
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