

Printed Name: ____

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.

SECRETARY THE STATE STATE OF IDAHO

The assumed business name which the business is:	undersigned use(s) in the transaction of
AV ACE	
2. The true name(s) and <u>business</u> address business under the assumed business in Name (LIT MARKET ENT. LLC (W49068)	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: CASADY HENEY 1937 E. LEGACY VIEW DR. WERLDIAN, ID 830044	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
Signature: Casady Deney	Secretary of State use only
Printed Name: UASADY A. HENE	1
Capacity/Title:Signature:	

abn.pmd Rev. 07/2010

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