

Printed Name: <

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILEDE
CERTIFICATE OF ASSUMED BUSINESS N. Pursuant to Section 53-504, Idaho Code, the undersubmits for filing a certificate of Assumed Busine Please type or print legibly. NOTE: See instructions on reverse before filing	dersigned 9. 0 ss Name.
1. The assumed business name which the underside business is: Lively Leprechain Cl	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Susan J. Cotterez 8- Adthy J. Ries 85	Complete Address O Washington St. O washington St.
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture	
☐ 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: Lively Lepre Chaun Clothing \$50 Wlishington St. Montpelier, Icano 83254	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):
. ,	300 317 Off

IDAHO SECRETARY OF STATE 96/23/2004 95:00 CK: 189 CT: 158810 BH: 751851 1 0 25.80 = 25.80 ASSUM NAME # 2

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