

## **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.

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

SECRE - RY OF STATE

Capacity/Title: Ousever Signature:		O'MA_ OF IDAHO
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:    Name	•	ned use(s) in the transaction of
Surview	Lily White Diag	per Service
Retail Trade	business under the assumed business name:  Name Lonne L Searle 132	Complete Address
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Lonne L Seanle  13.2 E600 S  Burley, TO 83318  5. Name and address for this acknowledgment copy is (if other than # 4 above):  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301  Secretary of State use only  Signature:  Capacity/Title:  Duzener  Signature:  Printed Name:  Capacity/Title:  Diph0 SECRETARY OF STATE 91/94/2011 95:209  CR: 2891 CT: 253647	☐ Retail Trade ☐ Transportation and P☐ Wholesale Trade ☐ Construction ☐ Agriculture	Public Utilities  Submit Certificate of
correspondence should be addressed:  Lonne L Searle  13 2 E 600 S  Burley , TO 93318  5. Name and address for this acknowledgment copy is (if other than # 4 above):  Printed Name: Lonne L Searle  Capacity/Title:  Diamo Secretary of State use only  Signature:  Printed Name: Lonne L Searle  Capacity/Title:  Capacity/Title:  Capacity/Title:  Capacity/Title:  Capacity/Title:  Cipacity/Title:  Cipacity/Cipacity/Title:  Cipacity/Titl		
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Signature:  Printed Name:  Capacity/Title:  Printed Name:  Capacity/Title:  Capacity/Capacity/Title:  Capacity/Ti	correspondence should be addressed:  Lonne L Seanle  132 E600 S	450 North 4th Street PO Box 83720 Boise ID 83720-0080
Signature:	5. Name and address for this acknowledgment	
Printed Name:	Signature: Agent 1 P. 1	Secretary of State use only
Signature:		
Printed Name: IDANG SECRETARY OF STATE  61/04/2011 05:00  Capacity/Title: Ck: 2891 Ct: 254887 BH: 1253647	Capacity/Title: Owner	
Capacity/Title: CX: 2891 CT: 254667 BH: 1253647	Signature:	
	Printed Name: Capacity/Title:	Ø1/Ø4/2011 Ø5:00 CK: 2891 CT: 254607 BH: 1253647

abn.pmd Rev. 07/2010

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