

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 107-3 All 8: 56

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

2. The true name(s) and <u>business</u> address(es) business under the assumed business name	of the entity or individual(s) doing
<u>Name</u>	Complete Address
CATTINA M. Laitholt Lagra	1002 E. Teton AUE.
	Postfalls, Id.
	83854
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Catrina M. Lerhalt 1002 F. Toton Aug. Post falls, Id. 83854	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
, ,	(208) 777-3023
	Secretary of State use only
gnature: <u>String M. Leitholf</u> ented Name: <u>Catrin/a Leitholf</u> apacity/Title: Owner/Sole Propriet	IDAHO SECRETARY OF STATE 11/03/2005 05 = 6 CK: 4373 CT: 158010 BH: 920 1 25.00 = 25.00 ASSUM MAN