

Printed Name:

Capacity/Title: (

(see instruction # 8 on back of form)

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.

05 MAY 31 PH 1: 10

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

SECRETURE OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Lennifer M. Boyle4930	entity or individual(s) doing Complete Address N. Ornard DOISE, Id. 83705
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional):
Boise, Id. 83705 Signature: 1111111 (11 10) (11 10)	Secretary of State use only

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IDAHO SECRETARY OF STATE

95/31/2005 95:00

CK: CASH CT: 158010 BH: 813423
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