

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. 08 SEP 25 AM 9: 15

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

SECRETARY OF STATE

	STATE OF IDANO
1. The assumed business name which the undersigned use(s) in the transaction of business is:  [3/act5m/th/nn]	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:  Name  MKE Black  727	Complete Address  7 N 7960 C487 Roby
	TN 3900 East Pigh
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities  Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	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 Phone number (optional): copy is (if other than #4 above).	
	Secretary of State use only
Printed Name: Michael L Black Capacity/Title: Oxobe	n <sub>125117</sub>

IDAHO SECRETARY OF STATE 09/25/2008 05:00 CK: 3193 CT: 158010 BH: 1137428 1 0 25.00 = 25.00 ASSUM NAME # 2