## FILED EFFECTIVE



## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(s) business under the assumed business na	
Name	Complete Address
Mitchell L, Sorensen	380 5th Ave west
The Kill K, so the	Wendell ID 83355
The general type of business transacted	under the assumed business name is:
☐ Retail Trade ☐ Transportati ☐ Wholesale Trade ☐ Constructio	ion and Public Utilities
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estat	te Name and \$25.00 fee to:
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
Name and address for this acknowledge	ment Phone number (optional):
COPY IS (if other than # 4 above).	208-316 -0024
	Secretary of State use only
	<b></b>
ne 1/4th	- US SECRETARY OF STATE - US SECRETARY OF STATE - 11/27/2006 05:0  CK: 1648 CT: 158810 BH: 18154 - 1 6 25:08 = 25.00 ASSUM NAME
ture: Mitchtle Haus	-