

Printed Name:

Capacity/Title:

Magali Fleming

Owner/President

(see instruction # 8 on back of form)

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.

Idaho Translations	
The true name(s) and business address(es) or business under the assumed business name:	the entity or individual(s) doing
Name Magali Fleming	Complete Address 2116 Fall Court
Kona S. Fleming	Nampa, ID. 83686
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
Idaho Translations 2116 Fall Court	PO Box 83720 Boise ID 83720-0080
Nampa, ID. 83686 Name and address for this acknowledgment copy is (if other than # 4 above):	208 334-2301 Phone number (optional): 208-467-1833

IDANO SECRETARY OF STATE

08/17/2004 05:00

CK: 1311 CT: 158816 BH: 761282
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