

CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 MAR - 6 PM 1: 47

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETURY OF STATE STATE OF IDAHO

The assumed business name which the business is:	undersigned use(s) in the transaction of	
MSM Const-notion		
The true name(s) and <u>business</u> address business under the assumed business name.	ame:	
<u>Name</u> Medisa Miller	Complete Address	\$ 82/00~
Melisa Miller	6361 & Shellbrook Nuga II	<u>83</u> 687
2 The general type of hypiness transacted	under the assumed husiness name is:	
The general type of business transacted	under the assumed business name is:	
	on and Public Utilities	
Wholesale Trade		1
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business	
Finance, Insurance, and Real Esta	Name and \$25.00 fee to:	
4. The name and address to which future	Secretary of State	
correspondence should be addressed:	700 West Jefferson	
Same	Basement West PO Box 83720	
u,,u	Boise ID 83720-0080	
	208 334-2301	J
Name and address for this acknowledge	ment Phone number (optional):	
COpy is (if other than #4 above):	208 -69 5 - 4488	
	10 10 -0 12 - 7 (8 K	
	Secretary of State use only	
	- 990	2 ~ -
Signature:	1)472	22
(signature required)	10ah0 Secretary of 1506/2006 25.00 1 9 25.00 25.00	95:00
Printed Name: Melisa Mille	CK: 1538 CT: 158810 1 0 25.00 = 25.00 AS	BH: 941390 SSUM NAME # 2
Capacity/Title: Owner	_	