S

Capacity/Title:



CERTIFICATE OF ASSUMED BUSINESS NAME

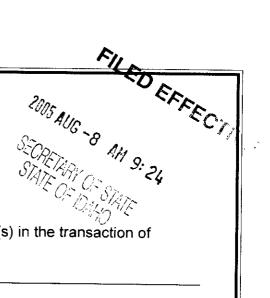
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

OWNER

(see instruction # 8 on back of form)



М	C FRAMING
The true name(s) and business address ousiness under the assumed business n	s(es) of the entity or individual(s) doing name:
Name	Complete Address
MICHAEL K LANE	5895 N 16TH ST
	DALTON GARDENS, ID 83815
he general type of business transacted	
☐ Wholesale Trade ✓ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
☐ Finance, Insurance, and Real Esta	ate Name and \$25.00 fee to:
he name and address to which future	Secretary of State
orrespondence should be addressed:	700 West Jefferson
MICHAEL K LANE	Basement West PO Box 83720
5895 N 16TH ST	Boise ID 83720-0080
DALTON GARDENS, ID 83815	208 334-2301
Name and address for this acknowledge	ment Phone number (optional):
CODY IS (if other than # 4 above).	208 699-2952
ACCURATE BOOKKEEPING	
780 N CECIL RD STE 103	Secretary of State use only
POST FALLS, ID 83854-8966	-
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re:(signature required)	stabn formstabn p65

IDANO SECRETARY OF STATE

98/98/2995 95:09

CK: 1104 CT: 158010 BH: 985015
1 0 25.00 = 25.00 ASSUM NAME # 2

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