

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.

(see instruction # 8 on back of form)

FILED EFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es	of the entity or individual(s)	doina /
business under the assumed business nam Name Michael Calkoon	• • • • • • • • • • • • • • • • • • • •	
	Boise, 1d. 83709	
The general type of business transacted un	der the assumed business na	ıme is:
Retail Trade Transportation 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 Assumed Busines Name and \$25.00 Idaho Secretary of \$ 450 N 4th Street PO Box 83720 Boise ID 83720-008	ss fee to: State
Boise, 1d. 83709	(208) 334-2301	
5. Name and address for this acknowledgme COpy is (if other than # 4 above):	nt .	
	Secretary of Sta	ite use only
	IDANG Reveal Octoor CK: 184179153	

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