

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

06 FEB 27 PM 1:51

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the und business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name Tim W. Morgan	ne: <u>Complete Address</u>
3. The general type of business transacted uncommon and the second seco	nder the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Tim W. Margan 5/12 Brinners St. Nampa, TJ 83686	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than #4 above). 	ent Phone number (optional):
	Secretary of State use only
Signature: Signature: Signature required) Printed Name: Tim Mongan Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE ### Page 10