

CERTIFICATE OF ASSUMED BUSINESS NAME

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

05 JUN 15 PM 1: 11

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECHLER DE STATE STATE CE IDAHO

inFo	um inPrint		
2. The true name(s) and business address(business under the assumed business name Name MK Corporation	ne: Complete A	the entity or individual(s) doing Complete Address 515 E. Sullivan St., Boise, ID 83706	
The general type of business transacted in the second	nder the assumed busin	ness name is:	
e	and Public Utilities		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Ce Assumed I Name and		
The name and address to which future correspondence should be addressed: Karen Chessler	Secretary of 700 West Session Research PO Box 83	Jefferson West	
515 E. Sullivan St. Boise, ID 83706	Boise ID 83 208 334-23	3720-0080	
 Name and address for this acknowledgm copy is (if other than # 4 above): 	nt Phone numl	ber (optional):	
	Secreta	ary of State use only	
nature: Havey Chip (signature required) hted Name: Karen Chessler	g/corp/formstabn formstabn p65 Revised 04/2003		
Oacity/Title: Owner (see instruction # 8 on back of form)	g CX:	IDAHO SECRETARY OF STATE 5/15/2005 05:(CASH CT: 189683 BH: 816 25.80 = 25.80 assiii No.	

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