

Capacity/Title: Co-Owner

## **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.

2012 JUN 13 AM 9: 21

## Please type or print legibly. Instructions are included on back of application.

SECHARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:		
<u>Name</u>	Complete Address	
Michael Dean Myers	3344 Gold	en Avenue Poc., ID 83204
Shawna Payne	3344 Gold	len Avenue Poc., ID 83204
The general type of business transacted under the Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture		
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  Michael Myers		Secretary of State 450 North 4th Street PO Box 83720
3344 Golden Avenue Pocatello, ID 83204		Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	nt .	

1 8 25.00 = 25.00 ASSUN NAME # 2