



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

2016 JUL -5 AM 10: 29

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Bookkeeping MD

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Melissa M. Davis

P.O. Box 2211, Idaho Falls, ID 83401

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

Retail Trade

Construction

Transportation and Public Utilities

Wholesale Trade

Agriculture

Mining

Services

Manufacturing

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Melissa M. Davis

(Name)

P.O. Box 2211

(Address)

Idaho Falls

ID

83401

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Melissa M. Davis

Signature: Melissa M. Davis

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/06/2016 05:00

CK:230 CT:326469 BH:1536327

1@ 25.00 = 25.00 ASSUM NAME #2

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