

## 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.

09 DEC 29 PM 1:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE

STATE OF IDAHO	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
CMN FULL BOD	y SCULPTING
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>	
Name	Complete Address
MARC MCMURRY 322	2 200 3 - HAVE
NEI	DLYMOUTH, ID
	3033
3. The general type of business transacted under the	assumed business name is:
☐ Retail Trade ☐ Transportation and Pu ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	idaho Secretary of State 450 N 4th Street PO Box 83720
marc monvery	Boise ID 83720-0080
P.O. BOX 624	(208) 334-2301
NEW PLYMOUTH, ID 83655	
<ol><li>Name and address for this acknowledgment copy is (if other than #4 above):</li></ol>	
MARC MONVERLY 3225 SW 300 AVE	Secretary of State use only
NEW PLYMOUTH ID. 53655	
Signature:	
Signature: WARC (NOW)  Capacity/Title: OINNER	
Capacity/Title: OWNER   g 2	TRAVA CCONFILOR OF ANALY

IDAHO SECRETARY OF STATE
12/29/2009 05:00
CK: 58212888494 CT: 158818 BH: 1201815
1 8 25.88 = 25.88 ACCIDENTAL MANUEL CO.