

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

2065 12.2 23 67 9: 32

Please type or print legibly.

OCCUPATION OF STATE

NOTE: See instructions on reverse before filing	STATE OF IDAHO
The assumed business name which the undersigned business is:	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Margie Springfield Particles  Polyphore  Polyphore	entity or individual(s) doing  Complete Address  D. Pox 835  D. Veray, 18 83850
3. The general type of business transacted under the a Retail Trade Transportation and Pu Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Margie Springfield  Proceedings 55  Ponderay 1D 83855	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Magic Stuncted (signature required)  Printed Name: Magic Printed (signature required)  Capacity/Title: Owner of back of form)	IDAHO SECRETARY OF STATE  93/23/2006 95 # 200  CK: 2970 CT: 158010 BH: 945015  1 0 25.00 = 25.00 ASSUN NAME # 2