



# 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.

OCT 31 10 09 AM '01

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRET  
STATE

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

McMurtrie's Rental Rehab

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

DIANA L. McMurtrie

5210 Wylie Ln Boise Id 83703

Bruce N. McMurtrie

Same

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

DIANA L. McMurtrie

5210 Wylie Ln

Boise Id 83703

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

Phone number (optional):

208 433 9023

Secretary of State use only

Signature: Bruce N. McMurtrie

Printed Name: Bruce McMurtrie

Capacity: Partner

(see instruction # 8 on back of form)

g:\corp\forms\labn form\labn.p65  
Revised 01/2001

IDaho SECRETARY OF STATE  
10/31/2001 05:00  
CK: CASH CT: 153068 BH: 427389  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 49485