

CERTIFICATE OF ASSUMED BUSINESS NAME

10 DEC 23 AM 8: 36

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

SECRE BY OF STATE STATE OF IDAHO

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

Miki	e's Courier Service
2. The true name(s) and <u>business</u> addre business under the assumed business <u>Name</u> Michael Ashley Childers	ess(es) of the entity or individual(s) doing s name: <u>Complete Address</u> 1515 Mulligan Street Middleton, ID 83644
Finance, Insurance, and Real E The name and address to which futur correspondence should be addressed Michael Childers 1515 Mulligan Street	Secretary of State d: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Middleton, ID 83644	208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	Secretary of State use only
gnature:	
nted Name: Michael Ashley Childers	
pacity/Title: Sole Proprietor	
gnature: inted Name: apacity/Title:	12/23/2010 05:1

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