

Capacity/Title: OW/LeC

(see instruction # 8 on back of form)

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.

35 JAN 19 FN 3:31

Please type or print legibly.

CTATE

NOTE: See instructions on reverse before filing.	SIMULA IMHO
The assumed business name which the undersigned use(s) in the transaction of business is:	
MAN Garvey	
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name John MAW 3005 NICK McGarvey 20]	Complete Address
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Pub Wholesale Trade Construction	lic Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
MAWGarvey 201 W. 37th Garden Lity 83714	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): (208) 921-7850
13005 S:1400 SI! Brisa TD 83705	Secretary of State use only
Signature: (signature equired) Printed Name: Not (Carrell State Page 1975)	IDAHO SECRETARY OF STATE Ø1/19/2006 05:00 CK: CASH CT: 158010 BH: 933043

1 0 25.00 = 25.00 ASSUM NAME # 2

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