



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

07 AUG 30 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Independent Services

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

<p>Name</p> <p><u>Mike W. McKinney</u></p>	<p>Complete Address</p> <p><u>167 N. Jefferson St.</u> <u>Nampa, ID, 83651</u></p>
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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 type="checkbox"/> Construction |
| <input checked="" 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 \$25.00 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:

162 N. Jefferson St.
Nampa, ID, 83651

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

Signature: *Mike W. McKinney*
(signature required)

Printed Name: Mike W. McKinney

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/30/2007 05:00
 CK: 38307938 CT: 158010 BH: 1073293
 1 @ 25.00 = 25.00 ASSUM NAME # 2