227	EILED EFFECTIVE
CERTIFICATE OF	
ASSUMED BUSINES	S NAME 2010 SEP - 8 PM 2: 34
Pursuant to Section 53-504, Idaho Code, 1	the understaned
submits for filing a certificate of Assumed Please type or print legibly.	Business Name. STATE OF IDAHO
Instructions are included on back of application.	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
MIKE'S MECH	HANICAL REPAIR
<ol><li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>	
Name	Complete Address
MICHAEL J RICHARDSON	55 N CEDAR AVE
	POST FALLS, ID 83854
<ul> <li>Wholesale Trade Construction</li> <li>Services Agriculture</li> <li>Manufacturing Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed: 55 N CEDAR AVE</li> <li><u>FOST FALLS, ID 83854</u></li> <li>Name and address for this acknowledgmer copy is (if other than # 4 above):</li> </ul>	n and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
55 N CEDAR AVE POST FALLS, ID 83854	Secretary of State use only
Signature:	
Printed Name: MICHAEL J RICHARDSON	
Capacity/Title: OWNER	
Signature: Michael J. Kerberdere)	thaun an
Printed Name: Michael J. Richardsun	09/08/2010 95 = 00 CK: 509468 CT 2010 95 = 00
Capacity/Title: Owwer	09/08/2010 05 STATE CK: 509468 CT: 172099 DH: 1230096 1 8 25.00 = 25.00 ASSUM NAME # 2
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