	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name The assumed business name which the undersigned use(s) in the transaction of business is: Scott A. Magn. Enterprises					
	The true name(s) and business address(es) of the en	ntity or in	dividual(s)	doing	
	business under the assumed business na Name Scott A. Mana	ame is/are: <u>Complete Address</u>				
	71. 71. 41.	Bo. 54,	TO	83703		
3 .	The general type of business transacted under the assumed business name is: (mark only those that apply)					
	Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction		•		Public Utilities a, and Real Estate	
	The name and address to which future Correspondence should be addressed:					
	4090 W. State St. Suite 25		Submit Certificate of Assumed Business Name and \$20.00 fee to:			
	Bolse 、まり 83703 Name and address for this acknowledgmen copy is (if other than # 4 above):	ent	700 Base PO I Bois	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
•		8871	IDA	cretary of Stat HU SECRETARY	OF STATE	
Signatur	ignature:		CK: 1	163 CT: 9719	8 09 100 9 M: 99965	
Printed I	Name: Scott Mann	18		1439	M ASSUM HAME	
Capacity	y: President / Owner (see instruction # 8 on back of form)			. 101	•	
		&				