

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

08 AUG -8 AM 8:23

SECRETARY OF STATE
STATE OF IDAHO

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

MIKE'S SIGNS & GRAPHICS

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

Name

Complete Address

MICHAEL BISCROSS

410 HY 95 WEIGER ID 83672

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

MIKE'S SIGNS & GRAPHICS
MICHAEL L. BISCROSS
410 HY 95 WEIGER ID 83672

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

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

Phone number (optional):

208 571 1108

Signature: Michael L. Biscross

(signature required)

Printed Name: MICHAEL L. BISCROSS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\format\format\p65
Revised 04/2003

IDAHO SECRETARY OF STATE
08/08/2008 05:00
CK: 150 CT: 228634 BH: 1138774
1 @ 25.00 = 25.00 ASSUM NAME # 2

D123454