

## 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.

11 MAR 28 PM 2: 33

## Please type or print legibly. Instructions are included on back of application.

STATE OF IDAHO

1. The assumed business name which the unbusiness is:		
2. The true name(s) and <u>business</u> address(est business under the assumed business name)  Name  Michael Verman		
3. The general type of business transacted up a Retail Trade Transportation Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business	
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
Simple Mile	Secretary of State use only	
Printed Name: Michael bozman		
Capacity/Title: Owner OPO14101	IDAHO SECRETARY OF STATE	
Signature:	93/28/2011 95:06 CK: CASH CT: 158010 8H: 1266479	
Printed Name:	1 0 25.00 = 25.00 ASSUM NAME # 2	
Canacity/Title:	- 100	

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