

Capacity/Title:

## FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

12 MM - 9 AM 9: 23

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

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

| 1.     | The assumed business name which the undersigne business is:  M. Harris Plumbing  | d use(s) in the transaction of  |
|--------|--|---|
| 2.     | The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Michael Harris  I Pare  | Complete Address  Ve Sage Ln, Bellevue TD83313  |
| 3.     | The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate |   |
| 4.     | The name and address to which future correspondence should be addressed:    Purple Sage   12   133/3   | Secretary of State<br>450 North 4th Street<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
| 5.     | Name and address for this acknowledgment copy is (if other than # 4 above):  |   |
| Printe | ed Name: Michael Harris  | Secretary of State use only   |
|        | city/Title: C)WWLS   | TERMS ACCOUNTABLE OF ACCOUNT  |
| Signa  | ature:   | IDANO SECRETARY OF STATE (01/10/2612 05:00)   |
| Printe | ed Name:   | CK: 5249 CT: 251359 BH: 1385383<br>1 0 25.00 = 25.00 ASSUM MAHE # 2                               |

D152434