

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 02 AUG 25 PM 1: 43

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Bu  Please type or print legibly.	STATE OF IDAHO
NOTE: See instructions on reverse before	· <del>-</del>
<ol> <li>The assumed business name which the under business is:</li> <li>Midway Distributors</li> </ol>	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name  Piotr Babicher Co Parel Babicher Co	Complete Address 1799 W. Precest. Bose, ID83704
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  9799 Precest.  Boise, ID 83704	Submit Certificate of Assumed Business Name and \$20.00 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 Phone number (optional): copy is (if other than # 4 above):	
	Secretary of State use only
Signature: A Sabature required)  Printed Name: Pidr Bab, cheuko  Capacity/Title: Partner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  BA/26/2002 05:00  CK: 1528 CT: 134898 BH: 484738  1 8 20.80 = 20.00 ASSUM NAME # 2