

Printed Name: _

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME ED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name APR 12 PM 4: 02

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the undersigned use(s) in the transaction of business is:	
Mayson R. Sikes 140	2015e 1 FD 707
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pub Wholesale Trade Construction	olic Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Mayson R. Sites 140 (a N th Ma th) River (D 83707	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):
	Secretary of State use only
Signature: Mayson R. Sikes Printed Name: Mayson R. Sikes	IDANO SECRETARY OF STATE 94/12/2004 05:00 CK: 41240206926KAH CT: 172099 BH: 73887 1 0 25.00 = 25.00 ASSUM NAME # 2