



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.

09 JAN 26 PM 12:48

SECRETARY OF STATE
STATE OF IDAHO

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

Mager Bargins

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

John Gerard Mager PO Box 234 Cottonwood ID 83566
Denise Marie Mager Same as ABOVE

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 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:

John Mager
PO Box 234
Cottonwood ID 83522

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

N/A

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: Owner

(see instruction # 8 on back of form)

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

Phone number (optional): _____

Secretary of State use only

1127790

IDAHO SECRETARY OF STATE
01/26/2009 05:00
CK: 1436 CT: 158010 BH: 1154059
1 @ 25.00 = 25.00 ASSUM NAME # 2