Capacity/Title: OWNER

(see Instruction # 8 on back of form)



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.

2001 JAN -7 PH 1: 04

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

STATE

The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Michael S- Nau 8	Complete Address 726 Mornin Mist
The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: 8726 Mornin Mist Boise ID 83709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-345:3076

IDAHO SECRETARY OF STATE
01/07/2004 05:00
CK: 010763900106SLD CT: 172099 BH: 720408
1 0 25.00 = 25.00 ASSUM MANE # 2

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