

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 MAY 13 PM 12: 15

SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

The assumed business name which the undersign business is:	gned use(s) in the transaction of
Make It Shine Cla	anina
<ol><li>The true name(s) and business address(es) of the business under the assumed business name:</li></ol>	•
Name	Complete Address
Michael Harker 10	146 W. Talm Dr.
	ise, ID 83103
3. The general type of business transacted under t	he assumed business name is:
	en e
Retail Trade Transportation and	Public Utilities
Wholesale Trade Construction	
Services	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business Name and <b>\$25.00</b> fee to:
☐ Finance, Insurance, and Real Estate	
4. The name and address to which future	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
Michael Harber	Boise ID 83720-0080
10796 W. Yalm Ur.	(208) 334-2301
Boise, ID 83113	
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above):	*
· · · · · · · · · · · · · · · · · · ·	
	Secretary of State use only
Sample Sa	
Signature (signature required)	442003
Signature: (signature required)  Printed Name Mi Chael Har her  Capacity/Title: Owner	IDAHO SECRETARY OF STATE  95/13/2009 05:00
Capacity/Title: Own	65/13/2009 05:00 CK: CASH CT: 158816 M: 1179300

1 0 25.00 = 25.00 ASSUM NAME # 3