

Printed Name: LEO MICHAEL

(see instruction # 8 on back of form)

Capacity/Title: OWNER

CERTIFICATE OF ASSUMED BUSINESS NAME

10 MAR -3 AM 8:39

EFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The true name(s) and business address(es business under the assumed business nan Name 	me:
LEO MICHAEL INWOOD	Complete Address
LEO MICHAEL INWOOD	2024 W. James Crowle DR.
	HAYDEN, ID. 83835
 Wholesale Trade Services Manufacturing Mining 	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
2024 W. JAMES CROWE DR. HAYDEN, IDAHO 83835	(208) 334-2301
	ent

IDAHO SECRETARY OF STATE

03/03/2010 05:00

CX: 3389 CT: 156610 BH: 1216589

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