

Capacity/Title: Attorney

(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.

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

Rock-It Outdoors	
The true name(s) and business address(est business under the assumed business name  Name  M & N Distributing Inc.  C   35824	s) of the entity or individual(s) doing me:  Complete Address  P.O. Box 160  Midvale, ID 83645
The general type of business transacted until X Retail Trade Transportation	nder the assumed business name is:
<ul> <li>X Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>X Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> <li>∴ The name and address to which future</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
correspondence should be addressed:  Dan Newton	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
P.O. Box 160 Midvale, ID 83645	208 334-2301
<ol> <li>Name and address for this acknowledgm copy is (if other than # 4 above):</li> </ol>	nent Phone number (optional):  549-0611
Nicholas T. Bokides	<del>)4) 0011</del>
P.O. Box 28 Weiser, ID 83672	Secretary of State use only
nature:	Assed 07/2002  Assed 07/2002  Assed 07/2002

99/19/2002 05 = 00 CK: 15137 CT: 158010 BH: 489078 1 8 28.08 = 28.08 ASSUM NAME # 2