

Capacity/Title: <u>DWnvaC</u>

(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.

2003 JUN 17 AM 8: 36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the under business is:  MD Mason Ny  ———————————————————————————————————	signed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  Name  Nack Dungheo	f the entity or individual(s) doing <u>Complete Address</u> 29 W 100 N Rupent ID 83550
3. The general type of business transacted unde	
Retail Trade	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t Phone number (optional):(203) 436~(こん)
N/A	Secretary of State use only
Signature: <u>Mark Dunder</u> (signature required)  Printed Name: <u>Mark Dunder</u>	IDAHO SECRETARY OF STATE  OB/17/2003 05:00  CK: 2330 CT: 158019 BH: 686395