

## **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 MAR -3 AM 9: 15

Please type or print legibly.

NOTE: See instructions on reverse before filing

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|---|--|
| <ol> <li>The assumed business name which the undersigned business is:</li> </ol>  | d use(s) in the transaction of   |
| Magic Valley Mobile Ma  | Me   |
| 2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Shaw Smith 2929                                   | Complete Address   |
| 3. The general type of business transacted under the a  Retail Trade Transportation and Pub   |  |
| <ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul> | Submit Certificate of<br>Assumed Business<br>Name and <b>\$20.00</b> fee to:                                     |
| 4. The name and address to which future correspondence should be addressed:  Shawn Smith 2929 S 2200 E  Gencell Idam 83355                                      | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
| <ol> <li>Name and address for this acknowledgment<br/>copy is (if other than # 4 above):</li> </ol>   | Phone number (optional):   |
|   | Secretary of State use only  |
| Signature:  (signature required)  Printed Name:  Capacity/Title:  (see instruction # 8 on back of form)   | IBAHO SECRETARY OF STATE  93/04/2003 95:00  CK: 1118 CT: 158818 BH: 666224  1 8 28.88 = 28.68 ASSUM MANE # 2     |