



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2007 MAY 31 AM 8:45

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Mary Reagle Concepts

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Marylee Reagle</u>	<u>206 Willowway <sup>East</sup> Fork</u> <u>Ketchum Id.</u> <u>83340</u>

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

4. The name and address to which future correspondence should be addressed:

Mary Reagle  
P.O. BOX 3624  
Ketchum Id 83340

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-788-0711

Signature:

Marylee Reagle  
(signature required)

Printed Name:

Marylee Reagle

Capacity/Title:

owner

(see instruction # 8 on back of form)

Secretary of State use only

9. com/forms/stain\_forms/stabn p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
05/31/2007 05:00  
CK: 2251 CT: 158810 BH: 1856983  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D111891