



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2018 MAR -1 AM 9:20

SECRETARY OF STATE  
STATE OF IDAHO

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

FIALA & MURPHY CPA

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

John Murphy CPA PLLC 800 Falls Ave. Twin Falls ID 83301

(Name)

(Address)

R.D. FIALA, P.A.

800 Falls Ave. Twin Falls ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☐ Services

☐ Manufacturing

☒ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

FIALA & MURPHY CPA

(Name)

800 FALLS AVE.

(Address)

TWIN FALLS, ID 83301

(City)

(State)

(Zipcode)

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

Farmers Bank- Mary Seiller

(Name)

P.O. Box 5029

(Address)

Twin Falls, ID 83303

(City)

(State)

(Zipcode)

Printed Name: John Murphy CPA

Signature: [Signature]

Printed Name: David Fiala CPA

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/01/2018 05:00

CK:1026 CT:351303 BH:1629809  
1@ 25.00 = 25.00 ASSUM NAME #2

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