

Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME OF SAME STATE OF TO A STATE OF TO A

	FILED
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse before	NAMERONE OF OF TOTALE OF T
The assumed business name which the und business is: MIKE'S SUPER S	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name: Name Ne BG /NC C 25/87	, , , , , , , , , , , , , , , , , , ,
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Po. Box 607 Emwert 10 B3617	and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 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 acknowledgmer copy is (if other than # 4 above):	Secretary of State use only
gnature: MUNDELLA W. Can Rue/	ged upper to the state of the s

IDAHO SECRETARY OF STATE 09/05/2001 05:00 CK: 1471 CT: 158900 BH: 417483 1 8 26.88 = 28.88 ASSUM NAME # 2 5 4808R