

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 APR 28 AM 10: 37

SECRETARY OF STATE OF IDAHO

Please type or print legibly. instructions are included on back of application.

	3 Mile A	Antique Mail
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name Michael R. McGinnis Denise J. McGinnis	s) of the entity or individual(s) doing me: <u>Complete Address</u> 64376 Highway 2 Bonners Ferry, Id. 83805 64376 Highway 2 Bonners Ferry, Id. 83805
3. 4.	Server Abe of Provided Wat Indicated Ma	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgmen copy is (if other than # 4 above):	t
nat	ture:	Secretary of State use only
	d Name: Michael R. McGinnis	
	city/Title: Owner	
-	are: Denne Mc Comis	
	d Name: Denise J. McGinnis	
те		

CK: 664466 CT: 172899 BH: 1271293 1 8 25.00 = 25.00 ASSUN NAME # 2