

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.

n: 00728 2010: 13

Please type or print legibly.
NOTE: See instructions on reverse before filling.

STATE OF IDAMO

2. The true name(s) and <u>business</u> address(es) of t business under the assumed business name: Name MELONY J. Simons	Complete Address 1515 Garrett Way Pocatello Idaho 83201
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): <u>208-223-062</u> 7
ed Name: Melony 5. Simons acity: Owner (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STA

20.00 ASSUM NAME # 2