CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

и	Pursuant to Section 53-504, Ida gives notice of adoption of an A		
1.	The assumed business name which the ur business is:		
	MK Custom		S S S S
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Ciary Keithley	569 Ran	ilpiete Address O
	Linda Morton-Keithley		(1
3.	The general type of business transacted un (mark only those that apply)	nder the assu	med business name is:
	 □ Retail Trade □ Wholesale Trade □ Services □ Construction 	Fin	ansportation and Public Utilities ance, Insurance, and Real Estate
5.	The name and address to which future Phone number (optional): correspondence should be addressed: Laury Kert Lley Lindic Morton Kert Alay Submit Certificate of		
	569 Ranciolph	ie, i, cive,	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Melba ID 83641	Southanness State	Secretary of State
	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		1/96	Secretary of State use only IDANO SECRETARY OF STATE
Signatu	ure: Hay Keichley	Revision 1/88	@1/@6/1999 @9:00 CK: 4648 CT: 189148 IN: 176815
Printed	Name: Gary Keitkley	59 d ·	1 # 20.00 = 20.00 ASSUM HAME # 2
Capaci	ity: Co-owner	rpVorms\abn.p65	021782
	(see instruction # 8 on back of form)	ğ	