

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

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

STATE OF STATE

Murp	hy Northwest
The true name(s) and business address(business under the assumed business na	res) of the entity or individual(s) doing same: Complete Address 3423 S. Longleaf Ave., Boise, Id. 83716 3423 S. Longleaf Ave., Boise, Id 83716
3. The general type of business transacted to 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: Al and Nanc Murphy 3423 S. Longleaf Ave. Boise, Idaho 83716	on and Public Utilities Submit Certificate of Assumed Business
 Name and address for this acknowledgm copy is (if other than # 4 above): 	ent Phone number (optional):
	Secretary of State use only
nted Name: Nancy Wilson Murphy pacity/Title: O O O DET	IDAHO SECRETARY OF STATE ©02/04/2004 05:00 CK: 2411857963SLD CT: 172899 BH: 72 1 @ 25.80 = 25.80 ASSUM NAME #

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