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

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned ubusiness is:	use(s) in the trainsposion of STATE OF COUNTY OF STATE OF STATE	
2.	The true name(s) and business address(es) of the enti- business under the assumed business name is/are:  Name  Company  A. Mckay  110 S. K.	-	
3.	The general type of business transacted under the ass (mark only those that apply)	umed business name is:	
	Wholesale Trade Agriculture Fi	ransportation and Public Utilities nance, Insurance, and Real Estate lining	
4.	e name and address to which future Phone number (optional):		
•	Minothy A. Mckay  1110 S. Kimball #203	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		
	86	Secretary of State use only	
< natu	re: Limott a. Ma Ray	IDAHO SECRETARY OF STATE  10/17/2000 09:00	
	Name: Timothy A. Mckay	CK: 1169 CT: 137381 BH: 354954 1 8 28.08 = 28.08 ASSUM HAME # 2	

Sig

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Capacity:

(see instruction # 8 on back of form)

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