

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

Morrison Payne Funeral Home	
2. The true name(s) and <u>business</u> address business under the assumed business  Name  Morrison Funeral Home & Crematory LLC  (W75986)	
3. The general type of business transacted Retail Trade Transport Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	tation and Public Utilities  tion  re  Submit Certificate of  Assumed Business
4. The name and address to which future correspondence should be addressed:  Morrison Funeral Home & Crematory LLC  188 S Hwy 24  Rupert, ID 83350	Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
	Secretary of State use only
Signature:	_
Printed Name: Richard D Silcock	_
Capacity/Title: Member Signature:	
Printed Name:Capacity/Title:	IDAHO SECRETARY OF STATE

abn.pmd Rev.07/2010

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