

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SEUMENT OF STATE

1. The assumed business name which the undersign business is: The Map-1+3	CF 8
2. The true name(s) and business address(es) of the business under the assumed business name: Name The Maprits 920 Shannon R Red	Complete Address N. II.E. Man. Home Id 83647
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture	ublic Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Shannon Reed 920 N II E mtw. Home Id Riku7	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 20P S87-730 >
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 12/18/2003 05:00 CK: 6910 CT: 158010 BH: 717478 1 0 25.00 = 25.00 ASSUM MANE #

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