Capacity: OWNER

(see instruction # 8 on back of form)

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



To	the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code gives notice of adoption of an Assumed	e, the undersigned
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
	Shamrock Services	
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name	Complete Address
		OBOX 1072 Middle Ton ID83644
	Susan D. Geer P	OBOX 1072 M. Idleton, ID 83644
3.	The general type of business transacted un (mark only those that apply)	nder the assumed business name is: و
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed:	hone number (optional):
	Shammock Services POBOX 1072	Submit Certificate of Assumed Business
MA -	Middle Ton ID 83644	Name and \$20.00 fee to:
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
Signat	ture: Paddy B Doyle	DATE 06/05/1997 0900 99189 2
	d Name: Paddy B Dayle	CK #: 2073 CUST# 82461

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