## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

Printed Name: KEVIN MONAGHAN

(see instruction # 8 on back of form)

Capacity/Title: owner

MONAGHAN MECHANI	CAL
The true name(s) and business address(e business under the assumed business name  Name  KEVIN MONAGHAN	
	HAYDEN ID 83835
The general type of business transacted upon the general type of the general	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:  KEVIN MONAGHAN  B903 DAVIS CIR  HAYDEN TD 83835	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgme copy is (If other than # 4 above):	Phone number (optional):  208-699-9276
	Secretary of State use only

IDAHO SECRETARY OF STATE
10/20/2004 05:00
CK: 1438 CT: 158010 BH: 772122
1 @ 25.00 = 25.00 ASSUM NAME # 2