

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2014 JAN 28 AM 9: 03 submits for filing a certificate of Assumed Business Name.

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



	Visita QL Baland
The assumed business name which the business is:	•
Eagle Island Sales an	d Marketing
The true name(s) and <u>business</u> address business under the assumed business	s(es) of the entity or individual(s) doing name:
Michael E Henry	Complete Address  5591 W Durning Dr Eagle Id  83616
3. The general type of business transacted  Retail Trade Transporta  Wholesale Trade Construct  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Est	ation and Public Utilities  ion  e  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Michael E. Henry  5591 W. Durning Dr  Eagle, Id 83616	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only
ignature:	_
Crinted Name: Michael E. Henry Capacity/Title: Owner Signature: Michael E. Henry Capacity/Title: Owner Capacit	IDAHO SECRETARY OF STATE  @1/28/2014 @5:00  CK: 5172 CT: 292399 BH: 1488964  1 0 25.80 = 25.90 ASSUM MANE 1 2

Capacity/Title: