



# 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.

FILED EFFECTIVE

2004 DEC -7 AM 9:01

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Mayer Management Corporation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Mayer & Associates, Inc.

P.O. Box 1302

C 98399

Twin Falls, Idaho 83303

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities  
☐ Wholesale Trade ☐ Construction  
☒ Services ☐ Agriculture  
☐ Manufacturing ☐ Mining  
☐ Finance, Insurance, and Real Estate

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Mayer & Associates, Inc.

P.O. Box 1302

Twin Falls, Idaho 83303

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Mac R. Mayer

Capacity/Title: \_\_\_\_\_

President

(see instruction # 8 on back of form)

g:\corp\formation\forms\abn p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
12/07/2004 05:00  
CK: 1000 CT: 184172 BH: 780172  
1 @ 25.00 = 25.00 ASSUM NAME # 3

D 82483