

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

SECRE BY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1.	The assumed business name which the unbusiness is:	•
		In School RSR
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name  Mikkelsen Enterprises LLC  (W94735)	
3.	The general type of business transacted ur	inder the assumed business name is:
		Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed:  Eric A Mikkelsen  PO Box 637	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	Donnelly ID 83615	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	ent
		Secretary of State use only
	ature:	
	ed Name: Eric A Mikkelsen	
	city/Title:	
Signa	ature:	IDAHO SECRETARY OF STATE 01/13/2011 05=00
Printe	ed Name:	CK: 188487434 CT: 158810 BH: 1255310 1 e 25.08 = 25.08 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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