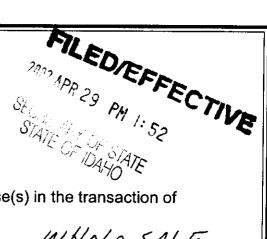


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction #8 on back of form)



D 54409

	20, OLV.
1. The assumed business name which the under	signed use(s) in the transaction of
business is:	Mali-
	MAL'S WHOLESALE
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:	
Name Name	Complete Address
PAUL R MALLONY	3863 - Federal Why
<del>,</del>	Paris 10 82-111
	PIX 10 03/15
3. The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  PAUL MALLONY  5103- E TRAIL WIND DR  BOISE 10 85716	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than #4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only
nted Name: Paul R MALLORY pacity/Title: OWNER	10年記し SELKETHRY OF STHIE ロイン・コンドロック ロン・ロー にい、85と9 UT: 158010 BH: 46227 は、85と9 UT: 20.00 ASSUM NAME