## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO SEP 23 12 03 PM \*

	gives notice of adoption of an Assumed	<u> </u>	CATE
1.	The assumed business name which the und business is:  Midnight Magic	20 1	
2.	The true name(s) and business address(es) business under the assumed business name  Robert Farl McColdrell 9		
3.	The general type of business transacted unc	der the assumed business n	ame is:
	(mark only those that apply)  Retail Trade	☐ Transportation and ☐ Finance, Insurance ☐ Mining	
4.	correspondence should be addressed:	none number (optional):	
	Robert McGoldrick  939 Maple St.  Nampa ID 83686	Submit Certification Assumed Busine Name and \$20.	ess 00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of St. 700 West Jeffe Basement Wes PO Box 83720 Boise ID 83720 208 334-2301	rson t
		fant becal and	h-stale,

Printed Name: Robert E. Mr. Goldrick

Capacity:\_\_\_ JUNON. (see instruction # 8 on back of form)

89/23/1997 89:88 CK: 1811 CT: 87578 M: 4647

1 # 29.00 = 28.00 ASSUM NOME

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