

CERTIFICATE OF

(see instruction # 8 on back of form)

ASSUMED BUSINESS NAME JUN 18 AM 8: 22 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	SECRETARY OF STATE fore filing. STATE OF IDAHO
1. The assumed business name which the unbusiness is:	ndersigned use(s) in the transaction of
2. The true name(s) and business address(e business under the assumed business name Name Mayro Forest Mayro Fo	•
3. The general type of business transacted use Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
 Name and address for this acknowledgm copy is (if other than # 4 above). 	ent
	Secretary of State use only
Signature: Mario Foolens Printed Name: Mario Harlon Capacity/Title: Name	Security of State IDAHO SECRETARY OF STATE 66/18/2010 05:00

CK: 6876519048 CT: 158010 DH: 1227156 1 0 25.00 = 25.00 ASSUM MANE #

