

Printed Name: Michael

(see instruction # 8 on back of form)

Capacity/Title: Owner

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 MAY 24 2:17 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing

Securenet  The true name(s) and business address(	es) of the entity or individual(s) doing
business under the assumed business na	ame:
Michael Leisure	Complete Address
	Boise, ID83713
The general type of business transacted	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Michael Leisure	Basement West PO Box 83720
13420 W. Elmspring Dr. Bosse, TD 83713	Boise ID 83720-0080 208 334-2301
i. Name and address for this acknowledgm	nent Phone number (optional):
COPY IS (if other than # 4 above):	208-938-3354

IDANO SECRETARY OF STATE @5/24/2005 05:00 CK: 1238 CT: 189077 BH: 812218 1 @ 25.00 = 25.00 ASSUM NAME # 2

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