



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 JAN 30 PM 4:27

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Magic Suds of Twin Falls

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Michael Wade Mason	1539 Addison Ave. E. Twin Falls, Idaho 83301
Judith Kaye Mason	Same

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Michael W. Mason  
P.O. Box 1060  
Twin Falls, Idaho 83303

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):  
208-732-6135

Signature: Michael W. Mason  
(signature required)

Printed Name: Michael W. Mason

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
01/30/2007 05:00  
CK: 1834 CT: 158010 BH: 1829600  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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