



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 MAR - 1 AM 9:25

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:

Michaels Handyman Service

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

Name

CHRIS SINCLAIR

Complete Address

901 Cunifer Ln.
McCall, Id. 83638

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Chris Sinclair
P.O. Box 208
McCall, Id. 83638

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

**Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080**

(208) 334-2301

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

Signature: K. L.
(signature required)

Printed Name: CHRIS SINCLAIR

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

Information Form 500-05
Revised 04/2003

10 MAR - 1 AM 9:25
IDaho SECRETARY OF STATE
03/01/2010 05:00
CK: 14056588299 CT: 158010 BH: 1218130
10 25.00 = 25.00 ASBUN NAME # 2

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