

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 JUN 16 P 4: 40

STATE OF TOAHO

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

Ma	d Science
The true name(s) and business address(sbusiness under the assumed business na	
Name	Complete Address
Marcia Hale	5923 W. Robertson Dr.
	Boise, ID 83709
. The general type of business transacted	under the assumed business name is:
Retail Trade Transportati	on and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Marcia Hale 5923 W. Robertson Dr. Boise, ID 83709 5. Name and address for this acknowledge copy is (if other than #4 above):	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
	Secretary of State use only
nature: (signature required) Inted Name: Marcia Hale Dacity/Title: Owner (see instruction # 8 on back of form)	## 100 SECRETARY OF STA ### 100 SECRETARY O

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