

Capacity/Title:

Owner

(see instruction # 8 on back of form)

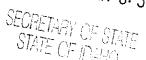
CERTIFICATE OF ASSUMED BUSINESS NAME

FIED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned PAY 17 AM 8: 59

Please type or print legibly.

NOTE: See instructions on reverse before filing.



<u>Dryer</u>	Vent Wizard of Idaho
The true name(s) and business addre business under the assumed business Name M and K Alder LLC	
W50500	
3. The general type of business transactor	ed under the assumed business name is:
Retail Trade Transpor Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real Est 4. The name and address to which future correspondence should be addressed: 717 N. Aspen Lakes Wy., Star ID 83669	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
 Name and address for this acknowled copy is (if other than # 4 above). 	dgment Phone number (optional): (208) 340-1070
	Secretary of State use only
gnature: Michael Alder	IDAHO SECRETARY OF STATE