

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned HAR -4 AM 8: 55

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

SECRETARY OF STATE STATE OF IDAHO

MI	TY PEAK PUBLISHING
<ol> <li>The true name(s) and business ad business under the assumed business</li> <li>Name</li> </ol>	Complete Address
CLIFTON JOHNSON	BOX AL, FILER, IDAHO 83328
ELAINE JOHNSON	BOX AL, FILER, IDAHO 83328
✓ Retail Trade ☐ Trans ✓ Wholesale Trade ☐ Cons	octed under the assumed business name is:  portation and Public Utilities ruction  ulture Submit Certificate of
Manufacturing Mini	Assumed Business Name and \$25.00 fee to:
<ol> <li>The name and address to which for correspondence should be addrest</li> <li>CLIFTON JOHNSON</li> </ol>	700 18/6 4/ 16/5-4-4-4
BOX AL	Boise ID 83720-0080
FILER, IDAHO 83328	208 334-2301
5. Name and address for this acknowledge.	wledgment Phone number (optional):
COPY IS (if other than # 4 above):	208-420-0896
	Secretary of State use only
gnature:	Secure tarry of STAT
apacity/Title: PRESIDENT	IDAHO SECRETARY OF STAT
(see instruction # 8 on back of form)	" Ø3/Ø4/20Ø4 Ø5: CK: 92918855565 CT: 158010 BH

un: 7c#16#33365 CT: 158010 BH: 738865 1 0 25.00 = 25.00 ASSUM NAME # 2

)73787