

## **CERTIFICATE OF**

FILED EFFECTION

ASSUMED BUSINESS NAIVIE

Pursuant to Section 53-504, Idaho Code, the undersigned 03 JUN 20 PM 3: 59 submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE

STATE OF IDAHO

NOTE: See instructions on reverse before filing.

Capacity/Title: Yesident/owner

(see instruction # 8 on back of form)

The assumed business name which the undersigned use(s) in the transaction of business is:      Mehalos Marketing	
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name:  Name  Deborah Mehalos  Boise	ntity or individual(s) doing  Complete Address  W. State St.  e, ID 83703
3. The general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of business transacted under the assume that the general type of the general type	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 308 947-4795
Signature: Deborah Mehalos  Printed Name: Deborah Mehalos	IDAHO SECRETARY OF STATE  66/20/2003 05:00  CK: CASH CT: 158010 BH: 687205

CK: CASH CT: 158010 BH: 687205 1 8 25.00 = 25.00 ASSUM NAME # 2

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