
CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. <u>Please type or orint legibly.</u> Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of business is:	VE	FILED EFFECTIV			227
business is:		MI2 APD	S NAM the undersign Business Na	ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed Please type or print legibly.	L
Sume Complete Address Michael Leach 1205 E. Mullara Ave. CDA., Td. 82814 CDA., Td. 82814 3. The general type of business transacted under the assumed business name is: CDA., Td. 82814 3. The general type of business transacted under the assumed business name is: CDA., Td. 82814 3. The general type of business transacted under the assumed business name is: CDA., Td. 82814 3. The general type of business transacted under the assumed business name is: CDA., Td. 82814 3. The general type of business transacted under the assumed business name is: CDA., Td. 82814 3. The general type of business transacted under the assumed business name is: Submit Certificate of Assumed Business Name and \$25.00 fee to: Manufacturing Mining Submit Certificate of Assumed Business Name and \$25.00 fee to: 4. The name and address to which future correspondence should be addressed: Secretary of State 450 North 4th Street PO Box 83720 Michael Leach PO Box 83720 PO Box 83720		••	-	iness is:	
Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate Submit Certificate of Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: Arrespondence should be addressed: Secretary of State 450 North 4th Street PO Box \$3720 Michael Leach Po Box \$3720	<u>د</u>	Complete Address 25 E. Mullan Ave	ime:	iness under the assumed business national <u>Name</u>	busi
4. The name and address to which future correspondence should be addressed: <u>Michael Leach</u> Beize D 82720		olic Utilities Submit Certificate of Assumed Business	n and Pub ו	Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining	
CDA., Td. 83814 208 334-2301		450 North 4th Street PO Box 83720 Boise ID 83720-0080		espondence should be addressed: lichael Leach 205 E. Mullan Avc DA., Td. 83814	Corre M 12 CT
5. Name and address for this acknowledgment COpy is (If other than # 4 above): Signature: <u>Michael Jeach</u> Printed Name: <u>Michael Jeach</u>		Socretary of State use only	Print	y is (if other than # 4 above): <u>Afichael Joach</u> ame: <u>Michael Leach</u>	Copy Signature: Printed Nar
Capacity/Title: $OWNER$ Signature: Printed Name: Capacity/Title: EXE = 25.66 = 25.66 ASSUM NAME D = 154641	5 = 0 0 1318688	04/06/2012 05: CK: 955792 CT: 172099 BH: 1 1 @ 25.08 = 25.08 ASSUM N	12015	me:	Signature: _ Printed Nan