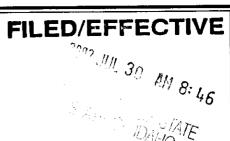


## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly.





THE OF THE THIRD	\$ Applia	nu of	MC (AL	<u></u>
The true name(s) and business address(ebusiness under the assumed business name	s) of the entity	or individual	(s) doing	
Name	C	Complete Address		
MICHAEL D. WIDMEN	411 5	3 20	57. MªC	ALL
MICHAEL D. WIDMER THERESA M. WIDMER	411 5	3nn	57 M'	CALL
			43	638
The general type of business transacted u				
The general type of business transacted to	inder the assu	imea busine	ss name is:	
Retail Trade Transportation	on and Public	Utilities		
☐ Wholesale Trade ☐ Construction				_
Services Agriculture		Submit Corti	ficate of	
☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business		
Finance, Insurance, and Real Estat		Name and \$	<b>20.00</b> fee to:	
		Sportage of	State	
The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson		
•		Basement V		1
MICHAEL OR THENESA WI	MEN	PO Box 837.		
2345 CENTER AVE		Boise ID 83720-0080 208 334-2301		
PAYETTE ID 83661	. <u>L</u>	200 00+ 200		J
	nont F	hone numb	er (optional):	
E. Nome and address for this acknowledge	IGHT		, ,	
<ol> <li>Name and address for this acknowledgr CODV is (if other than # 4 above).</li> </ol>				
<ol> <li>Name and address for this acknowledgr copy is (if other than # 4 above):</li> </ol>			<del></del>	
	_	Sanata	at State use only	
	_	Secretar	y of State use only	
		Secretar	y of State use only	
CODY is (if other than # 4 above):	nskabn.p65	Secretar	y of State use only	<u>-</u>
copy is (if other than # 4 above):	nr formskabn.p65 772002	Secretar	y of State use only	
copy is (if other than # 4 above):	rms'abn forms'abn.p65	Secretar	y of State use only	
copy is (if other than # 4 above):	g.korpiformskabn formskabn.p66	Secretar	y of State use only	

Signature:

Printed Nám

Capacity: 50

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS N IFICATE OF ASSUIVIED DOGINES.) (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name, $\mathcal{M}_{\mathcal{B}}$ 1. The assumed business name which the undersigned use(s) in the transaction of business is: Things an 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Mame Mame Mame Mame Mame Mame Mame Maria Things Mampa Id. 83686 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Mining Construction Services Phone number (optional): 4. The name and address to which future correspondence should be addressed: Submit Certificate of **Assumed Business** Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only

IDAHO SECRETARY OF STATE 7/30/2002 05:00 5566 CT: 158816 BH: 479848