



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**

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.

- The assumed business name which the undersigned use(s) in the transaction of business is:

McBride and Roberts, Attorneys

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Michael R McBride</u>	} <u>1920 E. 17th St. Suite 200</u> <u>Idaho Falls, Id 83404</u>
<u>Delwin W Roberts</u>	

- The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

- The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

same as #2

- Name and address for this acknowledgment copy is (if other than # 4 above):

same as #2

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: [Signature]  
 Printed Name: Michael R McBride  
 Capacity: Partner

(see instruction # 8 on back of form)

Revision 1/88 g:\corpforms\statn.p65

Secretary of State use only  
 IDAHO SECRETARY OF STATE  
 08/06/1999 09:00  
 CK: 18311 CT: 70114 BN: 240838  
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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