

Capacity/Title: COUNTY

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

08 NOV 21 A1 8: 17

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

2. The true result is	
2. The true name(s) and business address(es) of to business under the assumed business name: Name Michelle Mundy 371	Complete Address
3. The general type of business transacted under t	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Michelle Mundu 3715 N. Shank (life Post Zalls, Th. 93654	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (30) (41-4317

IDAHO SECRETARY OF STATE
11/21/2008 05:00
CK: 2455 CT: 158010 BH: 1145457
1 8 25.00 = 25.00 ASSUM NAME # 2

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