

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

2010 SEP 21 PM 3:37

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

MOUNTAIN STATES ENTERPRISES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

MELODIE WILSON

543 TAYLOR LANE CHUBBUCK, ID 83202

NICHOLAS WILSON

543 TAYLOR LANE CHUBBUCK, ID 83202

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

MELODIE OR NICHOLAS WILSON

543 TAYLOR LANE

CHUBBUCK, ID 83202

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Signature:

Printed Name: MELODIE WILSON

Capacity/Title: OWNER

Signature:

Printed Name: NICHOLAS WILSON

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/22/2010 05:00  
CK: 515841 CT: 171683 BH: 1239873  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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