

## **CERTIFICATE OF** Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECHOLOGY OF STATE STATE OF IDAHO

## Instructions are included on back of application.

|        | CNC HOTRO  | D & MAC | HINE  |
|--------|--|---------|---|
| 2.     | The true name(s) and <u>business</u> address(es business under the assumed business nan <u>Name</u> CECIL D MORRIS   | ne:     | entity or individual(s) doing  Complete Address  ST P O BOX 415 MCCAMMON ID 83250     |
| 3.     | The general type of business transacted until Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate |         |   |
| 4.     | The name and address to which future correspondence should be addressed:  CECIL D MORRIS  P O BOX 415  MCCAMMON, ID 83250  |         | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5.     | Name and address for this acknowledgmer copy is (if other than # 4 above):   | nt      |   |
|        |  |         | Secretary of State use only   |
| Printe | ed Name: CECIL D MORRIS city/Title: OWNER  |         | 0141359   |
| •      | iture:   |         | IDAHO SECRETARY OF STATE  |
| Ociota | rinted Name:apacity/Title:   |         | 08/12/2010 05:00<br>CK: 4093 CT: 158010 BH: 1234447<br>1 0 25.00 = 25.00 ASSUM NAME # |