



# CERTIFICATE OF ASSUMED BUSINESS NAME

(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, NO Undersigned: 23  
gives notice of adoption of an Assumed Business Name.

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

Magic Cell

2. 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

Ed & Julie Mills

527 Woodland Dr. T.F. Ada 83301

Kent Melton

620 Orchard St. Eden 83325

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

- |  |  |  |
|--|--|--|
| <input checked="" 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 type="checkbox"/> Services                | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

222 Blue/Akes Blvd.

North Suite B

Twin Falls, Idaho 83301

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

527 Woodland Dr.

Twin Falls, Idaho 83301

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: Julie Mills

Printed Name: Julie Mills

Capacity: co-owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2000 09:00

CK: 502 CT: 131337 BH: 319552

1 @ 20.00 = 20.00 ASSUM NAME # 2

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