FILED FFFECT



## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.



The assumed business name which the undersign business is:      Maricinal Support Sept.	
Municipal Support Serv	//ices of idano
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Elizabeth R. Stellers	he entity or individual(s) doing  Complete Address P.O. Box 204  Hailey, Idaho 83333
3. The general type of business transacted under t	the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
	Secretary of State use only
gnature: Elizabeth R. Stellers  apacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  94/12/2004 05:0  CK: 4532 CT: 158810 BH: 7385  1 8 25.00 = 25.00 ASSUM MARK