

Capacity/Title: <u>OWner</u>

(see instruction # 8 on back of form)

## 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 05 OCT -6 PM 3: 25

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

MVO ENTERPRISES	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  MYRNA WATSON  ———————————————————————————————————	e entity or individual(s) doing  Complete Address  283 Enst tRa:/s:de De.  E-Aq/e Idaho 83616
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  MYO ENTERDRISES   Engle Tradio 836/6	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):
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above):</li></ol>	
	Secretary of State use only
Inature: Myrna Sation  onted Name: Myrna Watson  sequence of the sequence of t	IDAHO SECRETARY OF STATE 10/07/2005 05:20 CK: 203 CT: 158010 BH: 9157