

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## Please type or print legibly. Instructions are included on back of application.

	<b>~</b> ,
CERTIFICATE OF	AME STATE
ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busines	dersigned
Please type or print legibly. Instructions are included on back of applicati	ion.
The assumed business name which the undersi business is:	igned use(s) in the transaction of
Men At Work	
The true name(s) and <u>business</u> address(es) of t business under the assumed business name:  Name	Complete Address
	Abbey Rd
Sand	dpoint , ID 83864
Retail Trade I Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed:	450 North 4th Street PO Box 83720
Men At Work PO Box 1161	Boise ID 83720-0080
Sandpoint , ID 83864	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
00 81.	Secretary of State use only
ted Name: John Trever	
acity/Title: Owner /operatoz	
ature:	
ted Name:	IDAHO SECRETARY OF STATE
pacity/Title:	11/09/2012 05:00 CK: 3236 CT: 276090 BH: 1347055

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