



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2005 APR -6 AM 9:29

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

SECRETARY OF STATE
STATE OF IDAHO

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

Morgans Handiman

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Tura L Morgan

Complete Address

Po Box 347 Mullan, Id 83846

3. The general type of business transacted under the assumed business name is:

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

4. The name and address to which future correspondence should be addressed:

Morgans Handiman

Po Box 347

Mullan, Id 83846

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

Phone number (optional):

Signature: Tura L Morgan
(signature required)

Printed Name: Tura L Morgan

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Rev/05/04/03

Secretary of State use only

IDAHO SECRETARY OF STATE
04/06/2005 05:00
CK: 1007 CT: 158010 BH: 803015
1 @ 25.00 = 25.00 ASSUM NAME # 2

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