CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Idal gives notice of adoption of an As		• •
1.	The assumed business name which the un business is:		<i>*</i> *
	M. C. SYSTEMS		
2.	The true name(s) and business address(es business under the assumed business name Name MICHAEL ROBERT CHINNOCK	ne is/are: <u>Cor</u>	nplete Address
	THETHEL RUBERT CHINANCE		
		EMMETT	, ID 83617
3.	The general type of business transacted ur (mark only those that apply)	nder the assu	med business name is:
	□ Retail Trade □ Manufacturing □ Wholesale Trade □ Agriculture □ Services ☒ Construction	Fin	nsportation and Public Utilities ance, Insurance, and Real Estate ning
4. The name and address to which future Phone number (optional): (20 correspondence should be addressed:			(optional):(208) 365-9462
	SAME AS ABOVE		Submit Certificate of
			Assumed Business
			Name and \$20.00 fee to:
			Secretary of State
5.	Name and address for this acknowledgmer	nt	700 West Jefferson Basement West
	COPy is (if other than # 4 above):		PO Box 83720
			Boise ID 83720-0080 208 334-2301
			206 334-2301
		8	Secretary of State use only IDAHO SECRETARY OF STATE
	- 100 1 1/2 Cm	Revision 12/99	07/06/2000 09:00
Signati	ure: ///id.//	Revis	K: CASH CT: 133239 BH: 331652
_			1 8 20.00 = 20.00 ASSUM NAME # 2
	Name: MICHAEL R. CHINNXK	orptomslabn.p65	2.1
Capac		Vormsk.	D37201
	(see instruction # 8 on back of form)	<u>ē</u>	シーノ(ハ