

Capacity/Title:____

Owner

(see instruction # 3 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

06 DEC 22 PH 12: 03

STATE STATE

submits for fi ing a certificate of Assumed Business Name

Please type or print legibly.

NOTE: See instructions on reverse before filing.

RMG Services	
The true name(s) and business address(es) of business under the assumed business name: Name Ronald W. Goodwin	of the entity or individual(s) doing Complete Address 16944 N Chelford Loop, Nampa, ID 83687
The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: RMG Services	Secretary of State 700 West Jefferson Basement West
16944 N Chelford Loop Nampa, ID 83687	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
Name and address for this acknowledgment copy is (if other than #4 above):	··

IDAHO SECRETARY OF STATE
12/22/2006 05:00

CK: 1000795 CT: 172099 BH: 1021391
1 @ 25.00 = 25.00 ASSUM NAME # 2

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