

227



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

09 AUG -7 AM 8: 50

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:

Medea

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

Name

Complete Address

Eric Palmer

PO Box 3093 Sun Valley Id 83753

Nancy Palmer

PO Box 3093 Sun Valley Id 83353

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Eric Palmer Nancy Palmer
PO Box 3093
Sun Valley Id 83353

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

Signature: Nancy Palmer

Printed Name: Nancy Palmer

Capacity/Title: Owner / Manager
(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
08/07/2009 05:00
CK: 1082 CT: 150010 BH: 1102011
1 @ 25.00 = 25.00 ASSUM NAME # 2

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