Capacity/Title: /)wncr

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

IDAHO SECRETARY OF STATE

08/05/2004 05:00

CK: 92333224620 CT: 158010 BH: 759188

1 0 25.00 = 25.00 ASSUM NAME # 2

The assumed business name which the under	ersigned use(s) in the transaction of
business is:	&
M.C. Handy	
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name	: Complete Address
Name	
Michael D. Cozzetto	41688 Silver Valley Rd.
	Kingston ID 83839
	les the accumed husiness name is:
3. The general type of business transacted und	er the assumed pusitiess frame is.
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Out and the state
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
Michael D. Cozzetto	PO Box 83720
44.88 Silver Valley Rd	Boise ID 83720-0080
Kingston TN 83839	208 334-2301
1111gs1011 31 83821	nt Phone number (optional):
Name and address for this acknowledgment	nt Fhore number (optional).
COPY is (if other than # 4 above):	
	Secretary of State use only
	w
1.1.10	
Signature: Muhal Consults	1 2) 28 J
(signature-requireu)	mistan tomistan formstand the second of the
Printed Name: Michael D. Cozzetto	夏 IDAHO SECRETARY OF STATE