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

1.	The assumed business name which the und business is:	lersigned u	se(s) in the transaction of C
	Eagle Vending Co.		
2.	The true name(s) and business address(es) business under the assumed business name Name Mike Fitzgerald 21	e is/are: <u>Co</u>	ty or individual(s) doing omplete Address ky Circle , Eagle, Idaho 836
3.	The general type of business transacted und (mark only those that apply) X	☐ Tr	umed business name is: ransportation and Public Utilities nance, Insurance, and Real Est
4.	The name and address to which future correspondence should be addressed:		
	Mike Fitzgerald 2171 E. Dicky Circle		Submit Certificate of Assumed Business
	Eagle, Idaho 836/6 Name and address for this acknowledgment copy is (if other than #4 above):	!	Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5.			208 334-2301

D 37556

Printed Name: Mike Fitzgerald

Capacity: Owner

(see instruction # 8 on back of form)