

Capacity/Title:

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

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

D156572

business under the assumed bu	
<u>Name</u> Marcia McChrystal	Complete Address
marcia McCrirystai	6006 w. Poplar Dr. Boise ID 83704
. The general type of business tra	ansacted under the assumed business name is:
<u> </u>	ansportation and Public Utilities
	onstruction
Services	griculture
Manufacturing M	ining Submit Certificate of
Finance, Insurance, and F	Assumed Business
Fillance, insurance, and i	Real Estate Name and \$25.00 fee to:
. The name and address to which	n future Secretary of State
correspondence should be add	
Marcia McChrystal	PO Box 83720
6006 W. Popiar Dr	Boise ID 83720-0080 ——— 208 334-2301
Boise, ID 83704	200 334-2301
Name and address for this ackr	nowledament
COPY is (if other than # 4 above):	ion.oag.no.k
F 7	
nature: Mulle la MC	Secretary of State use only
nature: //www.ud/poc	welchel
ted Name: Marcia McChrystal	
pacity/Title: owner	
nature:	IDAHO SECRETARY OF STATE
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abn.pmd Rev. 07/2010