



Capacity:

Owner

(see instruction # 5 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.

The assumed business		

2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Michael D. Wilfmeien	Complete Address 620 Center Ave Payette, Id. 8366/
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: Colombia May P.O. Box 722 Payello, J.J. 8366/	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
i. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (cptional): 208-642-9027
	Secretary of State use only

CK: 7989 CT: 158010 BH: 452662 1 0 20.00 = 20.00 ASSUM NAME # 2