



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

11 MAR 30 PM 3:13

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

MAS

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

<u>Name</u>	<u>Complete Address</u>
<u>Mike Shriner</u>	<u>1075 N. Plaza Rd Emmett ID 83617</u>
<u>Amy Anderson</u>	<u>1075 N. Plaza Rd Emmett ID 83617</u>

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

- | | |
|--|--|
| <input 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 | |

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

Mike Shriner
1075 N. Plaza Rd
Emmett ID 83617

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Mike Shriner

Printed Name: Mike Shriner

Capacity/Title: owner

Signature: Amy Anderson

Printed Name: Amy Anderson

Capacity/Title: owner

Secretary of State use only

IDAHO SECRETARY OF STATE
03/30/2011 05:00
CK: 1007 CT: 257176 BH: 1266842
1 @ 25.00 = 25.00 ASSUM NAME # 2

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