ELLED EFFECTIVE



Capacity/Title: owner / opera

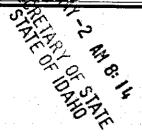
(see instruction # 8 on back of form)

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.



The true name(s) and business address(s business under the assumed business na	es) of the entity or individual(s) doing
Name	rme: Complete Address
MICHAEL J. MAZON	P.U. BOX 141
	Bonners Ferry, FD 83805
	208-290-1215
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
P.O BOX 141	(208) 334-2301
Bonners Ferry, FD 83805	
. Name and address for this acknowledgn copy is (if other than #4 above):	nent
	Secretary of State use only

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