

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FLLESCTIVE

05 JUL 24 PH 12: 19 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECTION OF STATE STATE STATE OF BOAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Mar	rkus Associates
The true name(s) and business address business under the assumed business Name Nancy Salisbury	
· · · · · · · · · · · · · · · · · · ·	ed under the assumed business name is: ation and Public Utilities
Wholesale Trade ☐ Construct ✓ Services ☐ Agricultur ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est 4. The name and address to which future correspondence should be addressed: Nancy Salisbury 1612 East Sherman Ave Nampa, ID 83686 5. Name and address for this acknowled copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
ignature: Mausy Sun Services (signature required)	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE Ø7/24/2006 Ø5:00 CK: CASH CT: 15810 BH: 9600 CK: CASH CT: 15810 BH: 9600
rinted Name: Nancy Salisbury	
apacity/Title: Owner (see instruction # 8 on back of form)	CK: CASH CT: 158010 BH: 9664