

Capacity/Title:

(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.

80:8 MA 12 NAL 2005

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigne business is:	ed use(s) in the transaction of
May Secienty	
The true name(s) and business address(es) of the obusiness under the assumed business name:	· · · · · · · · · · · · · · · · · · ·
Name McCall Premies Services 2	Complete Address
(monga) WC (D.	0. Box //50)
	Call, ID 83638
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720
P.O. Box 1/50	Boise ID 83720-0080
MSCall, ID 83638	(208) 334-2301
Name and address for this acknowledgment	
COPY is (if other than # 4 above):	
	Secretary of State use only
ignature: 8 80 mg/s mg/s mg/s mg/s mg/s mg/s mg/s mg/s	

IDAHO SECRETARY OF STATE
01/21/2009 05:00
CK: 4123 CT: 233335 RH: 1153279
1 0 25.00 = 25.00 068100 MORE 1:

DIRAGAZ