



# 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**

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

Midnight Recovery Services

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

Name  
Laura Sayko

Complete Address  
1700 W. Yukon Dr  
Kuna, ID 83634

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:

1700 W. Yukon Dr.  
Kuna ID  
83634

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

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

Phone number (optional):

Signature:

Laura A Sayko  
(signature required)

Printed Name:

Laura A Sayko

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

0101017

IDAHO SECRETARY OF STATE  
06/20/2006 05:00  
CK: 1149 CT: 158018 BH: 968876  
1 @ 25.00 = 25.00 ASSUM NAME # 2