

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business NameQ7 SEP 20 AM 8: 52

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

nted Name: Michael Havvi's	Michael	Harris Woodw	vorks
Retail Trade	Name	ame:	Complete Address
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Michael Harris 401 E Idaho New Plymouth, ID 83655 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only	Retail Trade Transportat Wholesale Trade Construction Services Agriculture	ion and Pub	Olic Utilities Submit Certificate of
Michael Harris 401 E Idaho New Plymouth, ID 83655 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only		te	
New Plymouth, ID 83655 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only	correspondence should be addressed:		450 N 4th Street PO Box 83720
5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of State use only	401 E Idaho		(208) 334-2301
COPY IS (if other than # 4 above); Secretary of State use only	New Plymouth, ID 83655		
	 Name and address for this acknowledge copy is (if other than # 4 above); 	nent	
nature: Myhall (signature required) sted Name: Michael Havvi's pacity/Title: Owner			Secretary of State use only
pacity/Title: Owner IBOHN SCRETARY OF STATE		omeram pois	
Dacity/Title: Owner got TROWN SCORETORY OF STATE	ited Name: Michael Havvi's	metaten 1	
(see Instruction # 8 on back of form)		Corpto	IDAHO SECRETARY OF STATE

25.00 ASSUM NAME # 2