

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned FILED/EFFECTIVE submits for filling a certificate of Arm

عو <u>ن د</u>	submits for filing a certificate of Assumed I	Susiness Name.	os /// 102
	Please type or print legibly.	Jun 4 D	CIT THE OL
<u>NO</u>	TE: See instructions on reverse before	ore filing.	
		SECTION STALLS	<u>.</u>
busine	ssumed business name which the uness is:  MS ConsuC+ing	ndersigned use(s) in the transaction	on of
2. The tru	ue name(s) and business address(e	s) of the entity or individual(s) doing	J
business under the assumed business name  Michael Sendler		Complete Address	
		5971 S. Tear Way	Boise
-			83716
	eneral type of business transacted u  Retail Trade	n and Public Utilities	is:
	Services	Submit Certificate of Assumed Business Name and \$20.00 fee	to:
corres	ame and address to which future pondence should be addressed:  chae & Sendlek  71 S. Teak Way	Secretary of State 700 West Jefferson Basement West PO Box 83720	

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

TD 83716

Phone number (optional):

Signature:

Printed Name: Mich

Capacity:

Buise

(see instruction #8 on back of form)

Secretary of State use only

105-0861

IDAHO SECRETARY OF STATE 01/04/2002 05 = 00 CK: CASH CT: 155305 BH: 438117 1 8 28.88 = 28.80 ASSUM NAME # 2