



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 JUL 24 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

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

McMurray Enterprises

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

Name

Complete Address

Kathryn J. McMurray 615 Bryden Avenue, Lewiston, ID
Douglas T. McMurray 615 Bryden Ave, Lewiston, ID
83501

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

McMurray Enterprises
615 Bryden Avenue
Lewiston ID 83501

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

07/24/2000 09:00
LK: 1180 CT: 133861 BH: 335622

1 * 20.00 = 20.00 ASSUM NAME # 2

Signature: Kathryn J. McMurray

Printed Name: Kathryn J. McMurray

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1/98

g:\corp\forms\slabn.p65

D 37613