

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED &

07 SEP 25 PM 2: 40

SECRETARY OF STATE STATE OF IDAHO

Fron Eagle Log	
The true name(s) and business address business under the assumed business	ss(es) of the entity or individual(s) doing name:
Name 7	Complete Address
Paul B Mediott	_ 10743 Sandpiper St
	Boise Zd.
	83709
The general type of business transacte	ed under the assumed business name is:
☐ Retail Trade 📝 Transport	ation and Public Utilities
Wholesale Trade Construc	
Services Agricultu	re Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Es	tate Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Yan D. Medical	PO Box 83720
10743 Sandpiper St.	Boise ID 83720-0080
Base Rd. 83709	208 334-2301
5. Name and address for this acknowled	ament
COpy is (if other than # 4 above).	9 e
	Secretary of State use only
gnature:	Ouc - > -
(signature_received)	978-11C1
nted Name: Faul B // (d co)	de la se
apacity/Title: Owner	IDAHO SECRETARY OF STATE 9/25/2007 05:00
(see instruction # 8 on back of form)	CK: 5593 CT: 158010 BH: 10774 1 @ 25.00 = 25.00 ASSUM NAME