Capacity/Title: ()(1)()()()()

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED

	Please type or print legibly. NOTE: See instructions on reverse befo	ore filing.	T DAHO	.; 1 1 2 3	EFFE
	he assumed business name which the un usiness is:	dersigned use(s) in the transa	ction of	<u>ω</u> .	FFECTIVE
	The true name(s) and business address(estusiness under the assumed business name Name Meri Mitchell Ereg Mitchell		١	836 pa ripa	87 -
4. T c	Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Meri Mitalell Numpa Sicks Name and address for this acknowledgme copy is (if other than # 4 above):	Submit Certificate Assumed Busines Name and \$25.00 Secretary of State 700 West Jefferso Basement West PO Box 83720 Boise ID 83720-00 208 334-2301	of s fee to: n		
		Secretary of Sta	ite use only		
	re: Meri Matchell Name: Meri Mitchell	mskabn formskabn p65 wsed 04/2003	SECRETARY /2004	OF STATI	ae

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