CERTIFICATE OF ASSUMED BUSINESS NAME

	(Please type or print legibly. See instructions on reverse.)		
(Please type or print legibly. See instructions on reverse.) 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 of IDAHO (F STATE OF IDAHO)			
 The assumed business name which the undersigned use(s) in the transaction of business is: 			
	Majics		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Michael Johnson	140 N 2	mplete Address 162 West Rexburg ID 83440
3.	The general type of business transacted ur (mark only those that apply)	nder the assu	med business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning
4. The name and address to which future Phone number (optional): (208) 356 correspondence should be addressed:			r (optional):(208) 356-4577
	Majics		Submit Certificate of
	140 N 2162 West		Assumed Business Name and \$20.00 fee to:
	Rexburg ID 83440		Secretary of State
5.	Name and address for this acknowledgmer	nt	700 West Jefferson Basement West
	COPY is (if other than # 4 above).		PO Box 83720
			Boise ID 83720-0080 208 334-2301
			Secretary of State use only
	· 8 · 1 · 0 · 0	Revision 12/98	IDAHO SECRETARY OF STATE
Signature: Muhael Johnson		Reg	07/03/2000 09:00
Printed Name: Michael Johnson			CK: 459 CT: 133093 BH: 330906
Capacity: Manager Dwner (see instruction #8 on back of form)			1 0 20.00 = 20.00 ASSUM NAME N 2
	(see instruction # 8 on back of form)); kaorpifa	D 37116