

Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

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Please type or print legibly. NOTE: See instructions on reverse before filing.

 The assumed business name which the undersign business is: Magic flands (legning) The true name(s) and business address(es) of the business under the assumed business name: Name 	ng service
	0 Box 4663 Hailey Id. 85333
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and F	Public Utilities
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real EstateThe name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Magic Hands P-0 Box 4663 Hailey Id. 83333	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 578-12-27
	Secretary of State use only
Signature: Muria D. Tino co F. (signature required) Printed Name: Maria Tino co Ferrer	•

