

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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 JUN 23 AM 8:



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

Mickalina's

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

Bonnie Tarabba1674 Hell Rd
21Michelle TarabbaBoise AddressesBoise, Idaho 83702

83702

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

Retail Trade
 Wholesale Trade
 Services

Manufacturing
 Agriculture
 Construction

Transportation and Public Utilities
 Finance, Insurance, and Real Estate
 Mining

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

5714 Woodcross
Boise, Idaho 83716Submit 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

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

Farmers & Merchants State Bank4128 Adams StBoise, ID 83714Signature: Bonnie TarabbaPrinted Name: Bonnie Tarabba

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/97

1010forms@idahostate.gov

BONNIE TARABBA

06/23/2000 09:00
CK: 1373 CT: 132778 BH: 328778

1 # 20.00 = 20.00 ASSUM NAME # 2

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