

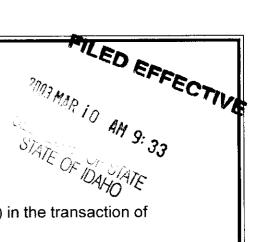
Capacity/Title: owner

(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.

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



MACS HOME bIZ	
2. The true name(s) and <u>business</u> address(business under the assumed business na <u>Name</u> <u>Cary L. McGinals</u>	(es) of the entity or individual(s) doing name: Complete Address SNG-en1st, Nampa Id 83650
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
SN Gem St. Nampa Fel 83651	Discourse a service is a service in the service of the service in
 Name and address for this acknowledg copy is (if other than # 4 above). 	gment Phone number (optional): 880 -9020
	Secretary of State use only
gnature: Jayl M. (signature required) rinted Name: GARY M. G. (1991)	

1 8 28.00 = 28.00 ASSUM NAME # 2

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