FILED EFECTIVE



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.

07 AUG -8 PM 4:40

SECRETARY OF STATE STATE OF IDAHO

- M	tone Operations
2. The true name(s) and business ad business under the assumed business	e(es) of the entity or individual(s) doing name: Complete Address
Stephen Charles Harrison	3555 N Cole Rd. #105 Boise ID, 83704
	- 3333 N COIC Rd. #103 DOISe ID, 03/04
3. The general type of business trans	under the assumed business name is:
Retail Trade Trans Wholesale Trade Cons	tion and Public Utilities on
✓ Services	Submit Certificate of
☐ Manufacturing ☐ Minir	Assumed Business
Finance, Insurance, and Rea	ate Name and \$25.00 fee to:
4. The name and address to which fu	Secretary of State
correspondence should be address	700 West Jefferson
Stephen Harrison	Basement West
	PO Box 83720 Boise ID 83720-0080
P.O. Box 5122 Boise ID, 83704	— 208 334-2301
5. Name and address for this acknowledge.	gment Phone number (optional):
CODY IS (If other than #4 above).	208-385-7363
	Secretary of State use only
	<u> </u> <u>8</u>
nature: Ash CHan	
ited Name: Stephen C. Harrison	IDAHO SECRETARY OF STATE Bayes
pacity/Title: Proprietor	IDAHO SECRETARY OF STATE 98/09/2007 05:0
(see instruction # 8 on back of form)	— CK: CASH CT: 158010 BH: 10697 1 € 25.00 = 25.00 ASSUM NAME

D114029