

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE



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.

02 FEB 22 AM 9:00

STATE OF IDAHO

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

M. V. G. LIQUIDATION'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:

<u>Name</u>	<u>Complete Address</u>
<u>MARK VAUGHN GALLAWAY</u>	
<u>P.O Box 302</u>	
<u>MULLAN, ID 83846</u>	

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

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): _____

M. V. G. LIQUIDATION'S

P.O Box 302

MULLAN, ID 83846

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

Signature: _____

Mark Gallaway

Printed Name: _____

MARK GALLAWAY

Capacity: _____

PRESIDENT

(see instruction # 8 on back of form)

Submit 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

Secretary of State use only

Revision 2/97 g:\corp\forms\stbn.pmf

IDAHO SECRETARY OF STATE
02/22/2002 05:00
CK: 1485 CT: 139449 BH: 447829
1 @ 20.00 = 20.00 ASSUM NAME # 2

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