

Capacity/Title: OWNED

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

1)89352

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

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

FireSaFe Fe	nestry
	address(es) of the entity or individual(s) doing
business under the assumed bus	
Name	Complete Address
- MAX MUFFLE	Boise Id. 83709
	Bosse, Id. 83704
3. The general type of business tran	nsacted under the assumed business name is:
	nsportation and Public Utilities
THOROCAID Hado	nstruction
Services	riculture Submit Certificate of
Manufacturing Min	•
Finance, Insurance, and Re	eal Estate Name and \$25.00 fee to:
4. The name and address to which	
correspondence should be addre	700.144 1 1 7
•	Basement West
7946 S. Katerina. Borse, Id 83709	(1)(1) PO Box 83720
BOBO, IN 83709	Boise ID 83720-0080 208 334-2301
	200 007 2001
5. Name and address for this ackn	nowledgment Phone number (optional):
COpy is (if other than # 4 above).	(208) 362-888
	Secretary of State use only
, // 4	
nature: May & Mach	LLY SE STATE
(signature reduced)	√
nted Name: <u>'MAX S,M论学</u>	CK: 1826 CT: 158818 BH: 8194