

Printed Name: / Y

(see instruction # 8 on back of form)

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

07 DEC 31 PM 1: 00 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

> SECREMAN OF STATE STATE OF IDAHO

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

The true name(s) and business address(es) of the e business under the assumed business name:  Name  Marcus Pavon: 7327	entity or individual(s) doing  Complete Address  Track Rd,  MPa TO F31 F6
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  I. The name and address to which future correspondence should be addressed:	Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowledgment copy is (if other than # 4 above):	(208) 334-2301
COPY 13 (II other than # 4 above).	Secretary of State use only

IDAHO SECRETARY OF STATE
12/31/2007 05:00
CK: 1401233 CT: 172099 BH: 1092169
1 0 25.00 = 25.00 ASSUM NAME # 2

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