



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.

MAR 23 3 26 PM '01

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

A-1-HANDY MAN

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

MICHAEL MED PRINCE 2019 MORTIMER CT BOISE
IDAHO 83712

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" 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): _____

2019 MORTIMER CT
BOISE IDAHO 83712

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

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

Signature: Michael Med Prince

Printed Name: MICHAEL MED PRINCE

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

g:\corp\forms\labn.p65

Secretary of State use only
 IDAHO SECRETARY OF STATE

03/23/2001 09:00
 CK: CASH CT: 144092 BH: 386775

1 @ 20.00 = 20.00 ASSUM NAME # 2

D42838