

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

09 MAY -4 AM 8: 19

SECRETARY OF STATE STATE OF IDAHO

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

MC SOLUTION	X/S		
The true name(s) and busines business under the assumed to	· · · · · · · · · · · · · · · · · · ·	entity or individual(s) doing	
Name		Complete Address	
H. Buo SMALLEY	51701	ESUMED RO, POCATECIO ID	83304
	: •		
Wholesale Trade	ransportation and Pu Construction	ublic Utilities	
☐ Manufacturing ☐ № ☐ Finance, Insurance, and		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which correspondence should be address. ## Buo Smarrey		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
5170 LEONARD RO		(208) 334-2301	
POCATELLO, ID 8320	<u> </u>		
5. Name and address for this accopy is (if other than #4 above):	knowledgment		
		Secretary of State use only	'
			* 4.

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