

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE IDAHO

	IDAHO"
 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
HOOK SETTER	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name DALE RAY Michaelson	of the entity or individual(s) doing e: Complete Address 2744 S SIATE CVEEK Mendian 40 83642
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: DALE RAY Michaelson 2744 5 Slate Creek Necdan FD 83642	I 208 334-2301 I
 Name and address for this acknowledgment copy is (if other than # 4 above); 	ot Phone number (optional):
	Secretary of State use only
Signature: Title Tay Mulash (signature required) Printed Name: DALE RHY Michaelson Capacity/Title: Owner	IDAHO SECRETARY OF STATE 91/30/2004 05:00 CK: CASH CT: 158010 BH: 724607 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	D72650