

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.

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

SECRETARY OF STATE

STATE OF DAY OF

The true name(s) and business address(es) of th business under the assumed business name: Name	Complete Address
Judie Mickelsen 82	28 W. Desertava Olse FDAho 8370
. The general type of business transacted under th	
☐ Retail Trade ☐ Transportation and F☐ Wholesale Trade ☐ Construction	Public Utilities
Services Agriculture	
Manufacturing Mining	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Same	Basement West
werre	PO Box 83720
	Boise ID 83720-0080
	208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE 08/10/2005 05:00 CK: 373 CT: 158818 BH: 985415 E 25.88 = 25.88 ASSUM MANE # 2

1)90503