

Capacity/Title: OwnER

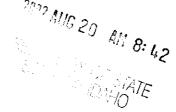
(see instruction #8 on back of form)

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.



The true name(s) and business address(es) of business under the assumed business name: Name Michael H. Shaw The general type of business transacted unde	Complete Address 1988 S. Riptide Ave, Meridian, ID 83642
The general type of business transacted unde	
The general type of business transacted unde	
Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture	nd Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Michael H. Shaw	Basement West PO Box 83720
1988 S. Riptide Ave	Boise ID 83720-0080 208 334-2301
Meridian, ID 83642	200 334-230 1
Name and address for this acknowledgment	Phone number (optional):
COPY iS (if other than #4 above).	208-884-0362
	Secretary of State use only
Ire:	•

IDAHO SECRETARY OF STATE

08/20/2002 05:00

CK: 5627 CT: 158010 BH: 483742
1 20.00 = 20.00 ASSUM NAME # 2