



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.

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

Maini Distributing

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

Name

Michael Maini

Complete Address

Bx 67 Donnelly ID 83615
169 Margot

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Maini Distributing
Bx 67
Donnelly ID 83615

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

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Secretary of State use only

Signature: Mike
(signature required)

Printed Name: Mike Maini

Capacity/Title: Owner

(see instruction # 8 on back of form)

91corpformsabn formsabn.p65
Revised 04/2003

FILED EFFECTIVE
2003 JUN 20 AM 8:53
STATE OF IDAHO
1016 CT: 158010 BH: 724201
01/28/2004 05:00
CK: 1016 CT: 158010 BH: 724201
1 0 25.00 = 25.00 ASSUM NAME # 2

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