

## **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. APR 11

Please type or print legibly.

SECRETARY OF STATE

(see Instruction # 8 on back of form)

Capacity/Title: OWNER

MICHAEL'S FINE D  The true name(s) and business address(	es) of the entity or individual(s) doing
business under the assumed business na Name	ame: Complete Address
MICHAEL W. SABLE	316 MAIN SMELTERVILLE 1D 83868
The general type of business transacted  Retail Trade Transportat  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	ion and Public Utilities on Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
P.O. BOX 277	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledge	
copy is (if other than #4 above).	783-2515
	Secretary of State use only
	IDAHO SECRETARY OF STATE  ##################################

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