

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG -8 AM 10: 09

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: MALLORY APPLICATION The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):		
2.			
	GARY W MALLORY	30 N 950 E DECLO	ID 83323
	(Name)	(Address)	
3.	The general type of business transacted under the assumed business name is:		
	☐ Retail Trade☐ Wholesale Trade☐ Services	☐ Construction✓ Agriculture☐ Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):		
	MALLORY APPLICATION (Name)		(Name)
	30 N 950 E (Address)		(Address)
	DECLO ID	83323 State) (Zipcode)	(City) (State) (Zipcode)
Pr	inted Name: GARY W MALI	ORY	Secretary of State use only
Si	gnature: Sam V	V Mallon	IDAHO SECRETARY OF STATE
Pr	rinted Name:	(9	08/08/2016 05:00 CK:35763 CT:327656 BH:1541006
Si	gnature:		1@ 25.00 = 25.00 ASSUM NAME #2
Pr	rinted Name:	AND THE STATE OF T	D188419

Rev. 08/2015