



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.
Instructions are included on back of application.

2012 JUL 20 AM 9:03
SECRETARY OF STATE
STATE OF IDAHO

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

Magic Valley Vending

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

<u>Name</u>	<u>Complete Address</u>
<u>Mark Nightingale</u>	<u>914 S. 2500 E. Hazelton, ID 83335</u>
<u>Monica Nightingale</u>	<u>914 S. 2500 E. Hazelton, ID 83335</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input 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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Magic Valley Vending
914 S. 2500 E.
Hazelton, ID 83335

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

Signature: [Signature]

Printed Name: Mark Nightingale

Capacity/Title: Owner

Signature: [Signature]

Printed Name: Monica Nightingale

Capacity/Title: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE
07/20/2012 05:00
CK: 1721 CT: 272568 BH: 1332761
1 @ 25.00 = 25.00 ASSUM NAME # 2

D156984