



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.

FILED EFFECTIVE

2003 JUL 24 PM 12:48

CLERK OF STATE
STATE OF IDAHO

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

FARGO SERVICES

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

Name

Complete Address

MARK CUTLER

1039 BLAKE ST. No.

TWIN FALLS, ID 83301

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 type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |
- Submit
 Assume
 Name a

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

MARK CUTLER

1039 BLAKE ST. No.

TWIN FALLS, ID 83301

**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**

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

Phone number (optional):

Secretary of State use only

Signature:

Mark Cutler
(signature required)

(signature required)

Printed Name:

MARK CUTLER

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Revised 04/2003

Pl 738C

IDAHO SECRETARY OF STATE
07/24/2003 05:00
CK: 1421 CT: 150010 BH: 692006
1 @ 25.00 = 25.00 ASSUM NAME # 2