



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2015 FEB 20 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

WATKINS PRODUCTS INDEPENDENT DISTRIBUTOR

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>MICHAEL J MASITIS</u>	<u>322 E CAROL ST</u> <u>NAMPA ID 83687-3822</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:

MICHAEL J MASITIS
322 E CAROL ST
NAMPA ID 83687-3822

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

Signature: _____

Printed Name: MICHAEL J MASITIS

Capacity/Title: INDEPENDENT DISTRIBUTOR

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/20/2015 05:00

CK:115 CT:306684 BH:1462735
1@ 25.00 = 25.00 ASSUM NAME #2

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