CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	Pursuant to Section 53-504, Id.	daho Code, the undersigned Assumed Business Name.
1.	The assumed business name which the ubusiness is:	
	MICHAEL'S TECHAN	JICAL SERVICES
2.	The true name(s) and business address(e business under the assumed business na Name	
	MICHAEL LEE PURTA	3941 19TH STREET COEUR DALENE, IP 83815
3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)	
	☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4.	correspondence should be addressed:	Phone number (optional):
	MICHAEL PURTA P.O. BOX 1225 HAYDEN ITD 83835	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
Signati	ure: Michal But	Revision 1/98
Printed Name: MICHAEL L. PURTA		IDAHO SECRETARY OF STATE 92/13/2003 05:00
	ity: Ou) Alb P	CK: 41 CT: 158010 BH: 662793 1 @ 20.00 = 20.00 ASSUM NAME # 2

(see instruction # 8 on back of form)

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