

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

2012 OCT 15 AM 9: 39

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

MTN WEST HAY	
<ol> <li>The true name(s) and <u>business</u> address(e: business under the assumed business nar <u>Name</u></li> </ol>	me: Complete Address
DON BOTHOF	2956 E 3600 N TWIN FALLS, ID 83301
	n and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  DON BOTHOF	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
2956 E 3600 N TWIN FALLS, ID 83301	208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	nt
	Secretary of State use only
nature: X 1) on 13 of 19	
pacity/Title: OWNER	
nted Name:	IDAHO SECRETARY OF STATE 10/15/2012 05:0