

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE STATE OF IDAHO

08 NOV 26 AM 8: 33

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) business under the assumed business name		ntity or individual(s) doing	
Name	Complete Address		
Albert Mitchell	3192	4N34 Ave	<u>.</u>
	_Sp.	rit Lake, Idaho 8	3869
	<u></u>		
The general type of business transacted und	er the a	ssumed business name is:	
Retail Trade Transportation Wholesale Trade Construction	and Pub	lic Utilities	
Services Agriculture	e.	Submit Certificate of	7
☐ Manufacturing ☐ Mining		Assumed Business	
Finance, Insurance, and Real Estate		Name and \$25.00 fee to:	
•		Idaho Secretary of State	
The name and address to which future		450 N 4th Street	
correspondence should be addressed:		PO Box 83720 Boise ID 83720-0080	
Albert Mitchell		Buise ID 63720-0060	
PO Box 701		(208) 334-2301	
Said Lake +1-6 938/	0		
Spirit Lake Idaho 8386			
Name and address for this acknowledgmer	nt		
COPY IS (if other than # 4 above):			
		Secretary of State use only	
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ture: Jagnetire required	abn formslabn.p65 104/2003		
ture: Albert Mitchell	g'komytomistabn formstabn.p65 Revised 04/2003	IDAHO SECRET 11/26/20	ARY OF STATE

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