

CERTIFICATE OF ASSUMED BUSINESS NAME, APR 26 AM 9: 53 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

The assumed business name which the undersign business is: M. A. M. A.	ed use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name: Name Toan F. Frank	Complete Address 200 Cabin Ridge Road pirit Lake Tel 83864
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: Joan F. Frank 1.0 Box 413 Sandagint. Id 83864	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): (503) 952-6000
nature: Joan L. Lronk	Secretary of State use only

Frank

Printed Name: _________________

Capacity/Title: Caner

(see instruction # 8 on back of form)

