

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.

02 MOV 20 PH 1: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Biz	ang
The true name(s) and business address(es) business under the assumed business name Name Michael Sanders	
	der the assumed business name is:
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Michael Sanders	Secretary of State 700 West Jefferson Basement West PO Box 83720
6723 W. Overland Rd. #201 Boise, ID 83709	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
ted Name: MICHAEZ SALIDENS	IDAHO SECRETARY OF STATE 11/20/2002 05: CK: 1006 CT: 150010 BH: 64 1 0 20.00 = 20.00 ASSUM N

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